

1.



TIME CONDOR Corporation  
 8300 Imperial Dr., Waco, TX 76712  
 P.O. Box 21447, Waco, TX 76702-1447  
 254-420-5200 • 800-443-5803 FAX

## WARRANTY CLAIM

Warranty claims must be received at CONDOR 45 days from date of failure. Please print clearly – fill in completely.

2.

All parts must be returned freight pre-paid *within* 45 days of failure for claim to be considered for approval. \* Call Factory for Return Authorization No. Parts not accepted without Proper Authorization.

Dealer Claim No. \_\_\_\_\_

Return Authorization No. \* \_\_\_\_\_

Unit Hours \_\_\_\_\_

Claim Date      Parts Ret. Date      Failure Date

\_\_\_\_\_

3. DEALER  
NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Submitted By: \_\_\_\_\_

4. Unit Serial # \_\_\_\_\_ Model \_\_\_\_\_

Del. Date \_\_\_\_\_ In Serv. Date \_\_\_\_\_

### TYPE OF WARRANTY

Aerial Lift       Parts Replacement

5.

(IF OTHER THAN DEALER)

OWNER NAME \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6.	QTY.	PART NUMBER	DESCRIPTION	INVOICE NO.	NET EA.	TOTAL NET

7.	Labor Hrs.	Labor Rate	Labor Total	Parts Total	Total Parts/Labor Requested
	X		=	+	=

LABOR DESCRIPTION (Detailed description of failure and work performed.)

8.

*THIS SPACE TO BE USED FOR CONDOR REMARKS ONLY.*

REMARKS OF MANAGER/SR. TECHNICIAN

APPROVED AMOUNT

Parts

Labor

Total

COMPLETION CODE

Approved  Denied  Signed: \_\_\_\_\_

Date \_\_\_\_\_

WHITE – Accounting

GREEN – Receiving

YELLOW – Dealer

PINK – Service

GOLD – R/A