

All claims must be submitted within 30 days of repair with a detailed service report.



Press the submit button once to complete warranty form

Submit

155 Main St. Superior, WI 54880 715-395-6060



Warranty Claim Form

Clear Form

Warranty Claim #	Customer #	Model	Flow GPM	Pressure PSI
Serial#	Base Machine	Base Machine Hours	Attachment Type	Operation Pressure
CWT Install Date	Date of Failure	Date of Repair	Claim Date	

Dealer Name/Contact	Contractor Name/Contact
Address:	Address:
City/State/Zip/Ctry:	City/State/Zip/Ctry:
Email and phone #	Email and phone #

Customer Name/Contact
 Address:
 City/State/Zip/Ctry:
 Email and phone #

Issue:

Root Cause:

Corrective Action:

ALL SUBMITTED WARRANTY CLAIMS MUST BE ACCOMPANIED BY COPIES OF ORIGINAL INVOICES WHEN CLAIMING PARTS OR OUTSIDE SERVICES

CWT Part#	QTY.	Description	CWT Invoice #	Price	Comments
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
MISC Parts#	QTY.	Description	MISC Invoice #	Price	Comments
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	

Date Parts Returned	RMA #	Total Outside Invoicing	\$ 0.00	Total Parts	\$ 0.00
CWT approved Labor Rate	Total Labor Hours	Total Broker/Import Fees:		Total Labor	\$ 0.00
		Total Freight		Total Requested	\$ 0.00

Lower Form to be completed by CWT WC Department:

Failure Code/Reason Code	Disposition:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Parts	\$ 0.00
Warranty Account			Labor	\$ 0.00
Warranty Department			Freight	\$ 0.00
Processed By:			Outside Invoice	\$ 0.00
Date:			Total	\$ 0.00