



Warranty Claim Form

7406 Route 98 Arcade, NY 14009 Phone: (585) 492-2780 Fax:(585) 492-2785 Email: warranty@empiredistributing.net

Step 1 Indicate reason for claim:

- Missing Parts
 Defective
 Request Return
 Concealed Damage

*Pictures of Item(s) and packaging required on concealed damage claims

Step 2

Date: _____	Phone: _____
Dealer Name: _____	Fax: _____
Address: _____	Email: _____
City, State, Zip: _____	Customer Name: _____
Dealer Contact: _____	Invoice/PO #: _____

Step 3

Manufacturer: _____
 Model Name: _____
 Model #: _____
 Serial #: _____
 Purchase Date: _____
 Install Date: _____
 Repair Date: _____
 Authorization/Case #: _____

Step 4

Description of Problem & Correction Made

Additional Comments:

Step 5

Send Replacement Part

Ship to (circle one): Dealer Distributor Customer
 Ship via (circle one): Next Truck UPS
 (Please provide customer address if direct)
 *Not all Manufacturers cover shipping charge

Ship to Address: _____

Part(s) Credit

Labor Credit *Not all Manufacturers offer labor credit

Part #	Item Description	Qty

For Dealers Only:

Fax or Email Claims to: **Fax:** 585-492-2785

Email: warranty@empiredistributing.net

Please hold all warranty items until the claim has been satisfied.

Manufacturers may request to have warranty parts returned, all claims are at the manufacturers discretion per their warranty policy.

An Empire Distributing RMA Request will be sent to you in the event that the item(s) need to be returned for credit.

Pictures and customer purchase receipt may be required, Empire will notify you if they are necessary.

Office Use Only:

Date Claim Filed: _____	RMA #: _____
Date Acknowledged: _____	SO #: _____
Ship Date: _____	Tracking #: _____
Credit Memo #: _____	Amount Total: _____