



WARRANTY CLAIM'S WILL **ONLY** BE PAID IF PRODUCT FALLS WITH IN OUR WARRANTY TERMS AND CONDITIONS THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUPPORTED BY PHOTOS AND/OR PHYSICAL EVIDENCE SHOWING A WARRANTABLE CLAIM. CONTACT YOUR SALES ACCOUNT MANAGER FOR MORE DETAILS.

CUSTOMER NAME: _____ DATE: _____

PART NUMBER: _____ PO # _____

SERIAL NUMBER: _____ PACKING# _____

DATE OF SERVICE: _____ HOURS OF SERVICE _____

PRIMARY USE PLEASE DESCRIBE:

DESCRIPTION OF PROBLEM*:

*ATTACH A SEPARATE SHEET IF NESSECARY

CLAIMS TO BE SUBMITTED VIA EMAIL OR FAX TO ONE OF THE CONTACTS BELOW AND MUST INCLUDE PHOTOS

AL CRYDERMAN- QUALITY MANAGER amcryderman@supfab.com OR FAX 906-495-5712

JENNIFER BURTON- QUALITY INSPECTOR jbarton@supfab.com OR FAX 906-495-5712

TONY MAURIS- QUALITY ENGINEER tmauris@supfab.com OR FAX 906-495-5712

DAN CRANE-QUALITY INSPECTOR dcrane@supfab.com OR FAX 906-495-5712

THIS SECTION IS FOR SUPERIOR FABRICATION USE ONLY

APPROVED _____ REWORK YES NO

DENIED _____ REWORK JOB# _____

RMA# _____ SCRAP YES NO

COST _____ APPROVED BY: _____