

Nuova Distribution USA, LLC
 6940 Salashan Parkway, Bldg. A
 Ferndale, WA 98248
 Phone: (360) 366-2226
 Fax: (360) 366-4015



DEFECTIVE PART WARRANTY CLAIM FORM

Warranty Claim Procedure:

1. Fill in all 5 pieces of "Required Information" below. Please complete one form for each machine serial number.
2. Include a copy of the work order with the completed form. Make sure the work order shows:
 - a. the part(s) replaced, and
 - b. the customer's contact information.
3. Send the defective part(s), the completed form, and supporting documents prepaid to:
 Nuova Distribution
 Attn: Returns Dept
 6940 Salashan Pkwy, Bldg A
 Ferndale, WA 98248
4. If Nuova Distribution determines the defective part(s) are covered under the warranty, the purchase price of the part will be credited to the Dealer's account within 10 business days of receipt of the part.

REQUIRED INFORMATION

1. Dealer Company Name _____

2. Machine Serial Number (one per form) _____

3. Dealer Contact Person _____

4. Dealer Contact Person's Phone Number and/or Email Address _____

5. Part Numbers

	FOR NUOVA DISTRIBUTION USE
	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
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Part Numbers *(continued)*

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Received By _____

Date Received _____

Rejected for:

- | | |
|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Expired Warranty | <input type="checkbox"/> Non-Warranty Part |
| <input type="checkbox"/> Incomplete Paperwork | <input type="checkbox"/> Power/Water Issue |
| <input type="checkbox"/> _____ | |