



HOUSEHAM

PRODUCT SUPPORT

WARRANTY CLAIM FORM

Dealer Name:		Customer Name:	
Dealer Address:		Customer Address:	

Model:		Chassis Number:	
Warranty End Date:		Machine Hours:	

Service Job No:			
Date of Failure:		Date of Repair:	
Total Labour Hours:		Total Mileage:	

Details of Fault:	
Work Completed / Corrective Action Taken	

Claim Detail: (please list ALL parts used):

IF HOUSEHAM GENUINE PARTS ARE LISTED; PLEASE INCLUDE ORIGINAL INVOICE NUMBER

Part Number:	Quantity:	Invoice No:	Description:	Cost Price:
Total Parts				
Total Labour				
Total Mileage				
TOTAL				

Signature of Claimant:	
Name of Claimant:	
Date:	

SUBMIT ALL INFORMATION TO:
 BY POST: WARRANTY DEPT, HOUSEHAM SPRAYERS LTD, ROUGHTON MOOR, WOODHALL SPA, LINCS LN10 6YQ
 BY FAX: 00 (44) 1400 414400
 BY EMAIL: warranty@househamsprayers.com

HOUSEHAM USE ONLY:

Agreed Parts value:		Approved By:	
Agreed Labour value:		Date:	
Agreed Mileage:		Credit Note Ref:	
TOTAL:			

