LIFTKING® INDUSTRIES INC.
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WOODBRIDGE ONTARIO FAX (905) 851-6396
CANADA L4L 1V9 WWW.LIFTKING.COM

WARRANTY CLAIM

CLAIM NUMBER

RESET FORM

DISTRIBUTOR	OWNER
NAME	NAME
ADDRESS	ADDRESS
CITY	CITY
STATE/PROV.	STATE/PROV.
ZIP/POSTAL	ZIP/POSTAL
MODEL	**DATE OF FAILURE**
SERIAL NUMBER	**DATE REPAIRS COMPLETED**
DATE DELIVERED	**DATE OF CLAIM**
HOURS IN SERVICE	**DATE PARTS RETURNED**

PARTS REPLACED RESET

Part Number	Description	Qty.	Invoice No.	Unit Price	Extension
				TOTAL PARTS	

Describe Repair and/or Reason for Claim

HOURS	RATE	
	TOTAL LABOUR	
	TOTAL CLAIM	

DO NOT WRITE IN SPACE BELOW

HRS ☐ PARTS ____ LABOUR ____ AMOUNT APPROVED ____

APPROVED BY

DATE

DENIED ☐ COMMENTS

Please provide a point of contact should the need arise to discuss this claim

NAME PHONE NO.

FORM WC1001