

WARRANTY CLAIM FORM

It shall be the Buyers' responsibility to return any

defective part to HMC within 14 days of the date on

which the replacement part is received or HMC shall

have no further obligation under the warranty claim at

Ship All Returns To: Warranty Returns 5025 New Haven Ave. Fort Wayne, IN 46803

* Indicates a required field

* Model Number:

*Serial Number:

Installation Date:

issue.

Claim Number:	Obtain Claim Number from HMC
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*Claim Date:
*Company Name:
*Ship To Address:
*City:

*State: *Zip:

*Phone:

*E-mail:

*Contact Name:

*Contact Phone: EXT:

Defective parts being returned

QTY Part Number Description

Description of defect or failure and how it happened

Return Shipped Via: Tracking Number:

Click in the boxes below to add photos