

WARRANTY REQUEST FORM

If Defective part is under \$250 list price and is <u>not</u> an Electronic Component, complete this form and fax to 502-267-8864 OTHERWISE

Complete form and return with defective part(s) to the address at the bottom of this form

NOTE: Parts returned with incomplete paperwork will not be considered for warranty and will be returned to the customer/distributor.

Machine Model#:	Machine Serial #:	Date:
Distributor:	Dist Contact:	
Dist Location:	Dist Phone:	
Customer Contact:	Customer Company Name:	
Part #	Description	Qty
Reason for Warranty Request: Please	e provide details (include service report or oth	er pertinent documentation)
Credit Requested	PO Number to credit:	
Replacement Part Requested		
Ship To:		

RETURNING PARTS TO LANTECH:

If part(s) were purchased through a Distributor, please contact them for assistance to ensure that all applicable credits are properly issued.

RETURN PARTS TO: WARRANTY DEPT Lantech.com 11000 Bluegrass Parkway Louisville, KY 40299 Phone: 800-866-0322 Option-5