

Repair/Replacement Part Form

Contact Information

Company Name: _____ Contact: _____
Address: _____ Email /Tel.: _____
City, State: _____ Zip: _____ Country: _____

Request for (select one)

☐ Warranty ☐ Shipment Damage Claim ☐ Repair/Replacement and Quote

Notes:

For warranty claims, a warranty registration form must be submitted to and on file with Ortal USA.

For Shipment damage claim, please do not forget to refer to your packing list, under "Inspect your shipment" notes.

Product Information

Today's Date: _____ Purchase Order#: _____
Date Inspected: _____ Sales Order#: _____
Date Shipment /rec'd: _____ Invoice#: _____
Unit Model #: _____ Unit Serial #: _____

Part# / Description: _____

Total Labor Time: _____ Total Travel Time: _____

Comments: Please provide in a narrative form any comments that will be helpful in describing the damage, its circumstances, photos, and the required repair or replacement so we can better assist you.

For Internal Use Only: Authorized Signature: _____ Total Amount \$: _____