



Generic Warranty Form

Unit Information:

Date: _____ Purchased on Eclipse Invoice #: _____
Model: _____ Serial Number: _____
Install Date: _____ Failure Date: _____ Service Date: _____

Dealer:

Customer:

Name: _____ Name: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Contact Person: _____

Description of Problem:

Details Of Service Performed:

Part # Replaced: _____ **Labor Time:** _____ **Travel:** _____

- All Claims Must Be Filed Within 30 Days of Failure
- Retain Defective Parts for a Period of 6 Months In Case They Need To Be Returned
- Warranty Form Must Be Complete To Process The Claim
- End User Sales Receipt Must Accompany Form