



Warranty Request

Model	Serial Number	Dealer's Claim or WO #

Note: No Claim Will Be Allowed Unless This Form Has Been Properly Executed and Approved by Auto Crane

Owner's Name: _____	Dealer/Distributor: _____
Address: _____	Address: _____
City, State Zip: _____	City, State Zip: _____
In Service Date: _____	Date Failed: _____
	Date Repaired: _____

Warranty parts shall be returned to the following address within 30 days of repair. Returned parts must be accompanied by a completed copy of this form:

Auto Crane Warranty
4707 N. Mingo Road
Tulsa, OK 74117

Description of Failure / Parts Replaced and Labor Performed *:

Submitted by/Date: _____ E-mail: _____

Email address is required if you desire a claim response (please print legibly).

* Please attach Service report

Dealer Information

Qty	Part # or Item	Description	Dealer part cost	Flat Rate Labor hrs	Labor Rate	Line Subtotal
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

Auto Crane Only Evaluation