



40 Volt Lithium Auger WARRANTY REQUEST FORM

CLAIM DATE
CLAIM NUMBER

ALL WARRANTIES MUST BE SUBMITTED TO BAY DISTRIBUTORS FOR PROCESSING
 email to george@bwmarineproducts.com or fax to 1-800-752-5579

Authorized Service Center _____ Address _____ City _____ Prov _____ Postal Code _____ Technician Signature _____	Customer _____ Address _____ City _____ Prov _____ Postal Code _____ Dealer Phone () _____
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<p style="text-align: center;">Product Information</p> Model Number _____ Serial Number _____ Date of Sale _____ Failure Date _____ Hours @ Failure _____	<p>NOTE: IF A TOOL ONLY/REPLACEMENT POWERHEAD IS REQUIRED, THE NEW SERIAL NUMBER MUST BE LISTED HERE:</p> SERIAL NUMBER: _____
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Detailed Description of Failure _____

Part Number	Description	Qty	Labor Time	Parts Price

Hourly Shop Rate (\$)	TOTAL	
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FOR BAY DISTRIBUTOR USE ONLY

DATE _____ () Approved () Returned () Disallowed

Comments _____

FOR GREENWORKS USE ONLY

DATE _____ () Approved () Returned () Disallowed

Comments _____

Processing Signature _____

PARTS CREDIT (\$): _____

LABOR CREDIT (\$): _____

OTHER CREDIT (\$): _____

TOTAL CREDIT (\$): _____