LOAD KING
CUSTOM TRUCK 1 SOURCE

WARRANTY REQUEST

MODEL	SERIAL NUMBER	UNIT HOURS	CLAIM OR WO#

NOTE: NO CLAIM WILL BE ALLOWED UNLESS THIS FORM HAS BEEN PROPERLY EXECUTED AND APPROVED BY LOAD KING CRANES. ONE FAILURE PER CLAIM REQUEST.

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:

LOAD KING CRANES
7701 E 24 HWY
KANSAS CITY, MO 64125
SUBMIT: CRANEWARRANTY@LOADKINGMFG.COM

DESCRIPTION OF FAILURE / PARTS REPLACED AND LABOR PERFORMED *: _____

SUBMITTED BY/DATE: _____ E-MAIL: _____

E-MAIL ADDRESS IS REQUIRED IF YOU DESIRE A CLAIM RESPONSE (PLEASE PRINT LEGIBLY)

DEALER INFORMATION

QTY	PART # OR ITEM	DESCRIPTION	QTY PART PRICE	LABOR HOURS	LABOR RATE	LINE SUBTOTAL