



552057 Hwy 831 Lamont,
Alberta Canada T0B 2R0
Tel: 780-895-2524
Fax: 780-895-7555

Warranty Claim Form

DATE _____

CLAIMANT _____

PHONE _____ FAX _____ E-MAIL _____

ORIGINAL INVOICE # _____ CONTACT PERSON _____

DEFECTIVE PART _____

PROBLEM/SYMPTOMS _____

DOCUMENTATION/VERIFICATION _____

REQUESTED REMEDY _____

DID YOU PURCHASE AND EXTENDED PARTS AND LABOR WARRANTY ON THIS PART. YES / NO

***** DO NOT PROCEED WITH REPAIRS WITHOUT WRITTEN AUTHORIZATION *****

(To be filled out by Aldon Auto Salvage Ltd management)

LABOR AUTHORIZATION: _____ HRS @ \$ _____ /HR = \$ _____ MAXIMUM LABOR CLAIM

MUST RETURN DEFECTIVE PART? YES / NO

COMMENTS _____

AUTHORIZED BY _____ AUTHORIZATION # _____

Please return this signed authorization form along with your invoice upon completion of the warranty work for reimbursement. If indicated above, the defective part must be returned before reimbursement will be issued.