LOFTNESS
SPECIALIZED EQUIPMENT. UNLIMITED INNOVATION.

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REQUEST FOR CREDIT (For Warranty Claim Use Only) **CREDIT REQUEST NO.**

DEALER NAME AND TOWN		SHOP TICKET NO.	DATE
CUSTOMER NAME AND TOWN			
MODEL SIZE AND YEAR	**NO Returns will be accepted without RMA Number**		SERIAL NO.
INVOICE NO.	RMA #		SERIAL NO.
SELLING DEALER (IF NOT ABOVE)		OTHER	
AMOUNT OF USE	AMOUNT OF HOURS	DATE DELIVERED	DATE OF REPAIR

YOUR OPINION OF POSSIBLE CAUSE OR FAILURE (PART NO. AND DESCRIPTION OF KEY PART THAT FAILED)

INVOICE NO. OF WARRANTY PARTS

	QTY.	PART NO.	DESCRIPTION	FACTORY USE ONLY					
				UNIT PRICE	AMOUNT				
PARTS INSTALLED									
ITEMS CHECKED MUST BE RETURNED TO FACTORY									

LABOR CONSIDERED AT FACTORY FLAT RATE					
WARRANTY LABOR					

EXPLAIN & ATTACH ITEMIZED RECEIPTS FOR OTHER CREDITS

TOTAL LABOR ALLOWANCE		
SERVICE CREDIT ALLOWANCE		
OTHER CREDITS		

TOTAL PARTS			
PARTS HANDLING ALLOWANCE			
TOTAL PARTS CREDIT			
TOTAL LABOR AND OTHER CREDITS			
TOTAL CREDIT			

This claim meets all conditions of warranty

DEALERS SIGNATURE DATE