BEKO TECHNOLOGIES Warranty Claim Form



liable = Efficient = Innovativ

Contact Information	
Company Name:	
Technician Name:	
Street:	
Street2:	
City/State/Zip:	
Contact Name:	
Contact e-mail:	
Date:	
Phone:	

Product Information Model Number:					
Serial Number:					
Date of Start-up (if applicable	(a)				
Equipment Operating Hours					
Ticket # (Required):					
Job Location:					
Claim Date:					
End User Company:					
Street:					
Street2:					
City/State/Zip:					
Contact Phone:					

Service Notes: Please describe all work performed to the equipment in detail.

Time & Materials Supplied by Claimant (Approved by Technical Service Department)

Material No.	Description	Qty	Description	Cost Each	Total
					\$
					\$
					\$
					\$
					\$
					\$
Subtotal					
Labor Hours (\$85/hr)					
Travel Hours (\$85/hr)					
Mileage (\$.70/mile)					
Total Amount of Claim					\$

Note – Only the allowable hours from our warranty policy will be accepted

Date	Create/Rev:	Released	Rev:
11/9/22	Tih	11/15/22	2

Materials Supplied by BEKO TECHNOLOGIES