



Warranty Claim Form

Please complete the following form and return to askcft@carlisleleft.com

All areas marked "•" must be filled out for this warranty claim to be considered valid.

Contact Details

- Your Name:
- Carlisle Fluid Technologies Account Number (if known):
- Distributor Company Name:
- Contact Email Address:

Item Details

- Part Number:
- Quantity:
- Part Description:
Assembly Part Number (if different):
- Serial Numbers (if serialized):

Purchase Details

- Carlisle Fluid Technologies Order Number:
- Proof of Purchase (receipt or invoice):
- Date Item Received at End User:
- Days of Use Before Failure (approx.):

Describe the Problem

Image/Video of Fault (attachment):

- Description of the Problem: (in detail what is the item doing or not doing that is an issue)

When Was the Problem Noted and How Was the Item Being Used at the Time?:

How Did You Isolate the Fault to this Item?:

Additional Supporting Information: (including frequency and severity of intermittent faults)



Warranty Repair Reimbursement Form

Service Date: _____

Distributor Company Name:	Account No.:
Address:	City: State: Zip:
Phone:	Fax:
Binks / DeVilbiss / BGK Original Order #:	Date:

Customer Information

Contact Name:	City: State: Zip:
Address:	Fax:
Phone:	

Repair Product Information

Model:	Time in Use Before Failure:
Serial #:	
Specific Description of Failure:	

Work Performed

Binks / DeVilbiss / BGK Parts Used in Warranty Repair

Qty.	Part Number	Description	Net Price	Total Amount

Repair Expenses

Total Parts at Net Cost: \$	Labor Hours x \$80/Hr.: \$	Return Freight Amount: \$
Other Expenses: \$		
Total Cost Incurred: \$		

All repaired parts should be held for (30) days in case the Carlisle Quality Team requests it be returned for further investigation.

Signature: _____

Date: _____