

Date: \_\_\_\_\_

# ACTION REQUEST

WARRANTY     SERVICE     GOODWILL

<b>Weldco Contact:</b>	
<b>Dealer:</b>	
<b>Location:</b>	
<b>Contact Person:</b>	
<b>Department:</b>	
<b>Phone/Email:</b>	
<b>End User:</b>	* END USER IF KNOWN *
<b>Product Description/ Model:</b>	
<b>Product Serial #:</b>	
<b>Unit #:</b>	
<b>Customer Complaint or Corrective Action:</b>	
<b>Shipping Address:</b>	
<b>Additional Comments:</b>	

Please fill out this form with all pertinent information when referring a warranty claim on behalf of our customer. This will help us set up the claim correctly from the start and follow through without any unnecessary delays for our customers.



PLEASE SUBMIT ALL WARRANTY CLAIMS AND OR REQUESTS TO:

**Warranty Department**

12155 154 Street Edmonton, AB T5V 1J3

Toll Free: 1 877 456 7779 | Fax: 780 455 6770

[warranty@weldco-beales.com](mailto:warranty@weldco-beales.com) | [www.weldcoheavyindustries.com](http://www.weldcoheavyindustries.com)