



Warranty Claim Application

Date Rec'd	
Date Shipped	
DS Claim # RW	
Your Claim #	

DS Distributor		DS Dealer / Installer		Owner / End User	
Customer #		Contact Name		Contact Name	
Contact Name		Address		Address	
Telephone #		Telephone #		Telephone #	

Equipment Information

Equipment Mfr.		Equipment Model		Equipment S/N	
----------------	--	-----------------	--	---------------	--

Original Repair

Reason for Original Repair					
Description of Original Repair (Please attach related invoices)					
Date Of Original Repair				Hours / Miles	

Failure Report

Operation Prior to Failure					
Date of Failure Hours / Miles					
Date Of Original Repair				Hours / Miles	

Subsequent Repair

Description of Repair (Please attach related invoices)				

Parts Returned for Inspection

Part Number	Manufacturer	Quantity	Description

Claimed Amount

Replacement Parts (Attach invoice)	\$	
Labor Rate	\$	Hours
Outside Service (Attach Invoice)	\$	
Total	\$	

Instructions:

1. Call DS Warranty Dept. to get a Warranty Claim No.
 2. Completely fill in form. Attach all related invoices and information to claim.
 3. Ship parts and documents to DS for evaluation
- Disposition

	Date	By
Issued		
Parts Recieved		
3rd Party Inspection		
Description		

HANGZHOU DINGSHUN MECHANICAL CO.,LTD.

• Phone +86-0571-83581166 • Fax +86-0571-82519588 • E-mail info@cntison.com