



Push Around Series Warranty Claim Form

1. Contact Details

Company Name	<input type="text"/>		
Company Address	<input type="text"/>		
Post Code	<input type="text"/>	Contact Name	<input type="text"/>
Telephone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>		

2. Machine & Fault Data

Model	<input type="text"/>	Machine Serial Number	<input type="text"/>
Failure Date	<input type="text"/>	Report Date	<input type="text"/>
Fault Details	<input type="text"/>		
<input type="text"/>			

3. Faulty Part Details

Part Number	Part Serial Number	Part Description	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Warranty Completion

Internal Use Only

Part(s) Shipped:	Warranty Reference Number (WRN)	<input type="text"/>
	Warranty Completion Date	<input type="text"/>

Part Number	Part Serial Number	Part Description	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT - PLEASE NOTE

1. Only one machine per claim form
2. Faulty parts must be kept for a minimum of 90 days from date of warranty claim, and available for inspection by, or return to IPS if required. A copy of the claim form must be held with the part.
3. All parts with serial numbers to be included in 3. above
4. For further information please refer to the Warranty Policy & Procedure

For claims please contact our warranty partner IPS:

IPS
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Fax +44 (0) 1952 677 216 Email popupwarranty@ips-ltd.biz

www.ips-ltd.biz