



Office Use Only

This Form Used for ADP /LG Claims Only

Dealer Number		
Dealer Name		
Job Name or PO Number for Reference		
First and Last Name of End User	Business Name	
Address		
City, St, Zip		
Phone Number		

Model Number of Unit	Serial Number of Unit

Install Date of Unit		Fail Date		Repair Date	
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	Part Number	Invoice	Serial Number of Part
Failed			
Replaced			
Failed			
Replaced			

What was wrong with the part(s)

Signature	Date
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