

jetfloat[™] The Original Modular Floating Dock



WARRANTY CLAIM FORM

Warranty Claim Form

REQUESTED INFORMATION

In the event of a claim related to a potential manufacturing defect of a registered JETFLOAT product please complete the proper sections below in their entirety. Any sections to be completed by the customer that are left incomplete will result in the claim being DENIED.

This form must be completed by hand and then scanned and sent by email to the following address:
warranty@jetfloat.com

Customer Section

Customer Name: _____

Address: _____

Phone Number: _____

Email: _____

Place of Purchase\Dealer: _____

Invoice/Order Number: _____ Date of Purchase (mm/dd/yyyy): _____

Date of Failure (mm/dd/yyyy): _____

Detailed Description of The Problem:

Customer Section - Continued

SUPPORTING DOCUMENTATION FOR CLAIM:

The following documents and files should be sent with this claim (in the same email) to the following email address: **warranty@jetfloat.com**

1. Image of the entire installation (full system)
2. Images of the defective product, and specifically images of the problem area.
3. Proof of Purchase - Purchase Receipt or Invoice

To be Completed by Jetfloat Office

Date of Claimed Received: _____

	YES	NO	
Invoice/Order Number Confirmed:	<input type="radio"/>	<input type="radio"/>	Invoice: _____
Sales Representative Confirmed:	<input type="radio"/>	<input type="radio"/>	Sales Rep. _____
Warranty Registration Completed:	<input type="radio"/>	<input type="radio"/>	Date: _____
System Is Correctly Installed:	<input type="radio"/>	<input type="radio"/>	
Product Being Used For Intended Purpose:	<input type="radio"/>	<input type="radio"/>	

Cause Of The Problem:

Conclusion For Failure:

To be Completed by Jetfloat Office

Product Is Covered By Warranty?	YES	NO
	<input type="radio"/>	<input type="radio"/>
Description of replacement:	_____	

Time For Replacement:	_____	
Cost For Replacement:	_____	

Employee Section

Employee Handling Claim: _____

Date Claim Replacement Initiated: _____

Signature: _____

Date Claim Replacement Completed: _____

Signature: _____