

Bright Coop, Inc.
 803 West Seale St.
 Nacogdoches, Tx. 75965
 Tel: 936-564-8378
 Fax: 936-654-3281

Claim # _____

R.G.A.# _____

Warranty Claim Form

Owner	Start up date
Contact	Failure date
Address	Repair date
City	Claim date
State _____ Zip _____	
Describe the complaint, cause and corrective action	Information on failed unit:
	Serial Number _____
	Mfg. & Model _____
	Hours on Unit _____
	Failed unit is installed in:
	Serial Number _____
	Mfg. & Model _____
	Hours on unit at time of installation _____
Cause of failure:	A-weak material; B-weak weld; C-part made wrong; D-welded wrong; E-assembled wrong; F- foreign material; G- casting deficiency; Z- other/unknown
Type of failure	01-bent/twisted; 02-blown; 03-broke/cracked; 04-burnedout/up; 05-came loose/off; 06-corroded/pitted; 07-electrical failure; 08-lack of power; 09-leaked; 10-oil consumption; 11-pin hole/porous; 12-pressure low/high; 13-scored/grooved; 14-stripped; 15-stuck/seized; 16-improper fit; 17-premature wear; 18-slipping; 99-other
	Part no. and description of key part that caused failure
Manufacturer's Parts Used (Use continuation sheets on back if required)	
Quantity	Part #
	Description
	Price Ea.
	Total Price
Other Parts & Charges (Attach Receipts. Use continuation sheets on back if required)	
Quantity	Part #
	Description
	Price Ea.
	Total Price
Labor (Use continuation sheets on back if required)	Claim Summary
Hours	Description
	Total Manufacturer's Parts Used \$ _____
	Total Other Parts & Charges \$ _____
	Total Labor Hours @ \$ _____ = _____
	Claim Total = \$ _____

Signature of person filing claim ----Sign _____ **Print Name** _____

1. Use this form when requesting warranty consideration. Fill in form completely. Lack of information will delay action. Must be submitted within 10 days of repair.

2. Retain a copy of this form for your records. Retain defective parts for warranty consideration. Parts that are returned to the factory must be shipped freight prepaid and properly tagged with identification of unit serial number, part number and returned goods authorization number

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Manufacturer's Parts Used				
Quantity	Part #	Description	Price Ea.	Total Price

Other Parts & Charges (Attach Receipts.)				
Quantity	Part #	Description	Price Ea.	Total Price

Labor Hours	Description

REMARKS

Factory Use Only

Material Disposition Instructions		Approval Signature _____
Ship circled items indicating RGA# _____		Date _____

Action	Date	Warranty Parts Credit	Approvals
Receiving Report		Original Parts Invoice Amount.....	Credits _____ Charges _____
Return to Vendor P.O.		Additional Credits or Charges.....	Approved _____ Disapproved _____
Repair Work Order		Approved Credit Amount.....	By: _____ Date _____
Returned to Customer		Repaired Parts Charges.....	Remarks: _____
Returned to Stock Report		Repair Charges	
Scrap Report		Total Amount	