



**DEALER WARRANTY  
CLAIM FORM**

FAX to Warranty Administration at (818) 267-3164 or (800) 962-1201  
Sections in **BOLD print must be filled out** for warranty claim to be processed.

Dealer Information	Ricon Information
Dealer Name:	Failure Date:
Dealer Number:	Model Number:
Work Order Number:	Serial Number:
Phone:	Prior Authorization Code:
Fax:	RMA:
Contact:	S/O:

**Description in Detail of Failure:**

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**\*\*\*\* You must put Invoice number if asking for part credit \*\*\*\***

Part Description	Invoice #	Part #	Qty	Dealer Cost

Labor Hours  Hrs @ Hourly Rate \$  = Labor Cost \$

Return Shipping \$

Ship Parts Out?

- or -

Credit Account?

Total Due to Dealer \$

Method you want parts shipped? UPS GROUND  3-DAY  2-DAY (blue)  1-DAY (Red)

**NOTE:** Ricon only pays shipping charges for UPS GROUND SERVICES. Authorization numbers issued are only valid for 60 days. Credit will only be issued upon receipt of all defective parts.

If applicable: Purchase order: # \_\_\_\_\_ for Shipping, other than UPS ground.  
Ricon pays a maximum hourly rate of \$62.00