



### Warranty Claim Form

<b>Dealership</b>		<b>Phone</b>	
<b>Contact</b>		<b>Email</b>	
<b>Owner</b>		<b>HIN</b>	
<b>Hours requested</b>		<b>TVPC approved</b>	
<b>Date sent</b>		<b>TVPC Date</b>	
<b>Ship to address</b>		<b>Purchase date</b>	
<b>Photos attached</b>			
<b>complete photos</b>			
<b>Parts needed from Twin Vee:</b>		<b>Qty:</b>	
<b>Repair Job Descriptions:</b>			
<b>Service Manager:</b>		<b>Date</b>	
<b>Customer:</b>		<b>Date</b>	
<b>Twin Vee:</b>		<b>Date:</b>	

**NOTE: All claims must be submitted with a detailed listing of materials and labor for approval.**