



KBN/Yamakoyo
 119 Component Drive
 San Jose, CA 95131
 P: (866) 852-6872
 F: (866) 952-6872

RMA #

Repair Date:

Ticket #

Invoice #

WARRANTY CLAIM REPORT

1	Owner Name:
Street Address:	
City, State & Zip:	
Phone No.:	
Email Acct.:	
Owner Signature:	

2	Model No.:	Serial No:
Engine No.:		Type or Spec #:
Type of Equipment:		Hours Used:
		Date Failed:
How Used:		

3	Distributor:
Street Address:	
City, State & Zip:	
Phone & Fax:	
Signature:	

4	Unit Purchased From:
Date Of Purchase:	
Address:	
City, State & Zip:	
Phone & Fax	

5	Probable Cause of Failure (Word Defective Not Sufficient):

7	Warranty Performed By:
Company Name:	
Address:	
City:	
State & Zip:	
Phone No.	

6	Work Performed:

8	Qty	Part #	Description	Price	Total	Hours	Factory Use Only
Labor Rate: \$					Total: \$		

Factory Use Only	
Parts Total Approved (\$):	Date Approved:
Labor Total Approved (hr. @ \$/hr.):	Approved By:

Note: Must Be Submitted Per Manufacturer's Instructions Within 30 Days From Date of Repair/Replacement
Please Print & Fax Completed Form To Your Distributor
Or
E-Mail Completed Form To support@kbnusa.com