

CLAIM FORM

USA
SAF-HOLLAND, Inc.
P.O. Box 425
Muskegon, MI USA 49443-0425
Fax: 800.356.3929

CANADA
SAF-HOLLAND, Canada Ltd.
P.O. Box 1639
Woodstock, ON N4S 0A8
Fax: 519.537.7913



INSTRUCTIONS:

- Please complete all of the information requested on this form by filling in all appropriate boxes.
 - Submit completed form by e-mail, or print and fax to one of the numbers listed above.
 - You may be required to return claimed part(s) or supply photos for evaluation.
 - Submit invoice for payment using the SAF-HOLLAND Authorization found below.
- * Denotes a required field.

PERSON COMPLETING FORM

Contact Name*:

Contact Company:

Telephone:

Fax:

E-mail:

SHIPPING ADDRESS*

Street Address:

City:

State / Prov:

ZIP / Postal Code:

MAILING ADDRESS (if different than above)

PO Box/Address:

City:

State / Prov:

ZIP / Postal Code:

REMIT TO ADDRESS (if different from above)

PO Box/ Address:

City:

State / Prov:

ZIP / Postal Code:

UNIT INFORMATION

VIN
(17 Digit)*

Date in
Service*

Mileage/
Hours*

Failed
Date*

Vehicle
Manufacturer*

Failed Part
Number*

Date
Code

Serial
Number*

Date Installed
(if aftermarket)

Application*

UNIT END USER INFORMATION

End User Name:

Telephone:

PO Box/Address:

City:

State / Prov:

ZIP / Postal Code:

DESCRIPTION OF PROBLEM

Parts used from Customer Inventory

Part Number

Quantity

Parts to Ship from SAF-HOLLAND

Part Number

Quantity

SAF-HOLLAND Use Only:

Received Date:

Authorization:

ORDER #: