



Warranty Claim Form

HOW TO FILE A CLAIM

- 1. Notify Dorsey's Warranty Administrator at 334-855-4754 ext. 233 or Fax 334-855-3507 or email randi@dorseytrailer.net immediately upon discovery of a defect.
2. Provide the following information: a. Serial number of the equipment b. Name of company submitting claim c. A complete description of the problem d. Photographs of problem area, where applicable. e. Name of two proposed repair shops and copies of their repair estimates f. Location of equipment so it can be inspected
3. If the claim is approved under the terms of this warranty, Dorsey will issue a claim number which must appear on all invoices submitted.
4. Dorsey may require that the equipment, or certain parts or components, be returned to our Pittsview, Alabama office, a Dorsey affiliate, or a designated service shop at purchaser's expense. Replacement parts will be furnished, conditions permitting, if Dorsey or the parts manufacturer determines part to be defective.
5. All warranty work must be performed at the location designated or approved by the Dorsey Warranty Administrator. Warranty coverage is limited to work specifically authorized.
6. Any unauthorized work or parts appearing on an invoice filed in connection with a warranty claim will not be paid by Dorsey and may delay processing the remainder of the claim. Work performed without prior authorization of the warranty administrator will not be paid under any circumstances.
7. Labor time will be determined from the shop manual, not to exceed \$60.00 per hour.
8. Return Parts to: Pitts Enterprises, Attn: Warranty Administrator, 5734 Old Seale Hwy, Pittsview, AL 36871 at Phone 334-855-4754 ext. 203 or Fax 334-855-3507.

*** PLEASE CALL WARRANTY ADMINISTRATOR BEFORE ATTEMPTING ANY REPAIRS. ***

Trailer Serial Number: _____ Date Trailer Sold: _____
Date of Claim: _____ Owner Name: _____
Address Line 1: _____ Address Line 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

DESCRIPTION OF REPAIR OR REPLACEMENT

Table with 5 columns: Part Number, Part Description, Quantity, Unit Cost, Total Cost

Labor Hours: _____ Labor Rate: _____ Total Material Cost: _____
Total Labor Cost: _____ Total Cost of Claim: _____ Claim Number: _____