

COASTAL TRANSPORT CO., INC.
Warranty Claim

Terminal: _____

Vendor: _____

Date: _____

Contact #: _____

Claim filed By: _____

Claim #: _____

EQUIPMENT INFORMATION

IF COMPONENT FAILURE - PART INFORMATION

Unit #: _____

Make: _____

Serial #: _____

Model: _____

Year: _____ Make: _____

Serial #: _____

Date of failure: _____

Part Retained: _____

Mileage: _____

COMPLAINT:

CAUSE:

CORRECTION:

Approved By: _____

Parts \$ _____

Labor \$ _____

Total \$ _____

OFFICE USE ONLY

Amount of credit received \$ _____