



SHARPE MANUFACTURING COMPANY

P.O. BOX 1441
 MINNEAPOLIS, MN 55440-1441
 FAX: 800-831-1919
 Phone: 800-742-7731
 www.sharpe1.com

1. CLAIM NO: (Sharpe Provides)
 2. CLAIM DATE: _____

WARRANTY CLAIM FORM

3. ACCOUNT NO: REQUIRED

HOW TO FILE A CLAIM:

- **FILL FORM OUT COMPLETELY** AND MAKE A COPY FOR YOUR RECORDS
- MAIL OR FAX FORM TO ADDRESS/NUMBER LISTED ABOVE
- Retain all parts replaced on warranty claims for 30 days. If you are not contacted by Graco within 30 days after mailing the claim, then the parts may be discarded. DO NOT return any parts to Graco unless requested to do so.

4. COMPANY: _____ Address: _____ City/State/Zip: _____ Phone/FAX: _____ Email: _____	5. END USER: _____ Address: _____ City/State/Zip: _____ Phone/FAX: _____ Email: _____
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6. PART NUMBER OF UNIT SERVICED	7. CUSTOMER PURCHASE DATE	8. REPAIR TICKET NO.	9. AUTHORIZED WARRANTY EXP. (AWE)
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10. DESCRIPTION OF UNIT SERVICED	11. DATE CODE	12. SERIAL NUMBER
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13. FAILURE DESCRIPTION: _____

14. SHARPE PARTS USED IN REPAIR			
QUANTITY	PART NO.	NET PRICE	TOTAL AMOUNT

15. REPAIR EXPENSES

Total Parts at Current Net Cost: = \$ _____

Labor Hours: _____
 x Rate: _____ = \$ _____

Approved Other Expenses: = \$ _____

TOTAL CLAIM: (sum of above) \$ _____

Note: I certify that the above information is correct. All numbered items must be completed prior to processing this claim.

16. Contact Name: _____ Signature: _____
(Please Print)

IMPORTANT - CLAIM CANNOT BE PROCESSED UNLESS COMPLETELY FILLED OUT. THIS IS FOR CREDIT ON PARTS AND LABOR ONLY.

RETURN TO SHARPE MANUFACTURING CO.