



# RAAFT Warranty Claim Form

PolyTech LLC

DATE:	FILLED OUT BY:	RG# :
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DISTRIBUTOR OR DEALER NAME:
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ADDRESS:	CITY:	STATE:	ZIP:
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CUSTOMER NAME:
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ADDRESS:	CITY:	STATE:	ZIP:
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## DEFECT/ FAILURE INFORMATION

MODEL:	DATE CODE*:	DATE OF PURCHASE:	DATE OF FAILURE:	DATE PUT IN SERVICE:
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QUANTITY:
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DESCRIPTION OF FAILURE OR DEFECT:
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OTHER COMMENTS:
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WARRANTY CLAIMS MUST BE SUBMITTED WITHIN 2 YEARS OF DATE CODE OR 1 YEAR FROM DATE PUT INTO SERVICE.

PICTURES OF THE FAILURE AND APPLICATION ARE NOT REQUIRED, BUT WILL **GREATLY EXPEDITE** THE PROCESSING OF THE WARRANTY CLAIM.

\*DATE CODE IS FOUND ON THE TOP EDGE OF EACH PART.

**WARRANTY CLAIMS CAN BE SUBMITTED BY MAIL, EMAIL OR FAXED**



**PolyTech LLC**



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