

\*\*\* Use this form for bulletins or to submit completed warranty repairs \*\*\*

**-- PLEASE MAKE COPIES FOR FUTURE CLAIMS ----- ALL FIELDS ARE REQUIRED--**

<b>Dealer Name:</b>	<b>From:</b>
<b>Ship To Location:</b>	<b>Phone Number:</b>
<b>Dealer Number:</b>	<b>Email:</b>
<b>Work Order Number:</b>	<b>Date:</b>

PLEASE COMPLETE ALL THE FIELDS BELOW*		*INCLUDE PROOF OF PURCHASE*	
<b>DATE OF PURCHASE:</b>			
<b>ENGINE:</b>			
<b>FULL MODEL # AND TYPE:</b> (Example: GX160QX, GCV160S3A)			
<b>SERIAL NUMBER:</b> (Stamped on Block)			
<b>APPLICATION:</b>			
<b>TYPE OF APPLICATION:</b> (Example: mower, packer)			
<b>BRAND AND MODEL NUMBER OF APPLICATION:</b>			
<b>SERIAL NUMBER OF APPLICATION</b>			
<b>HOURS ON UNIT:</b>			
<b>CUSTOMER COMPLAINT:</b> (Example: smoking won't start, leaking etc.)			
<b>PART NUMBER CAUSING PROBLEM:</b>			
<b>DESCRIPTION OF LABOUR PERFORMED:</b> (Ex: Removed & Replaced...)			
<b>HOURS AND RATE REQUESTED:</b>			
<b>REPAIR ORDER DATE:</b>			
<b>WORK COMPLETED DATE:</b>			
<b>PART NUMBERS REPLACED:</b>	<b>PART DESCRIPTION REPLACED:</b>		

Return Completed Form To: [warranty@ipspower.com](mailto:warranty@ipspower.com)

**PLEASE KEEP ALL OLD PARTS INVOLVED FOR A MINIMUM OF 90 DAYS AFTER YOUR CLAIM HAS BEEN PAID.**