

WARRANTY WATCH TAG
PART NO. WW-E2



TO REORDER CALL 800-525-TAGS; FAX NO. 804-285-TAGS

CLAIM NO.	001001	ENTRY DATE	DEALER NAME	DEALER ACCT #	DISTRIBUTOR
PART NO./DESCRIPTION:					
REASON FOR CLAIM:					
INVOICE NO.:	SERIAL NO.:				
LABOR INVOLVED:					
DEALER REQUEST DISTRIBUTOR TO:					
<input type="checkbox"/> REPLACE ITEM		<input type="checkbox"/> CREDIT ITEM \$		<input type="checkbox"/> CREDIT LABOR \$	
ITEM WAS		<input type="checkbox"/> PART OF STORE'S INVENTORY		<input type="checkbox"/> RETURNED BY CUSTOMER	
CUSTOMER NAME:			TEL NO.:		
PURCHASE DATE:			INVOICE NO.:		
DISTRIBUTOR NOTES: <input type="checkbox"/> DESTROY <input type="checkbox"/> RETURN: CALL TAG NO.:					

DATE RECEIVED BY DIST.
RA NO.
AMOUNT REQUESTED
AMOUNT ACCEPTED
DATE CREDIT RECEIVED
CREDIT MEMO NO.

01001

WARRANTY WATCH TAG
PART NO. WW-E2



TO REORDER CALL 800-525-TAGS; FAX NO. 804-285-TAGS

CLAIM NO.	001002	ENTRY DATE	DEALER NAME	DEALER ACCT #	DISTRIBUTOR
PART NO./DESCRIPTION:					
REASON FOR CLAIM:					
INVOICE NO.:	SERIAL NO.:				
LABOR INVOLVED:					
DEALER REQUEST DISTRIBUTOR TO:					
<input type="checkbox"/> REPLACE ITEM		<input type="checkbox"/> CREDIT ITEM \$		<input type="checkbox"/> CREDIT LABOR \$	
ITEM WAS		<input type="checkbox"/> PART OF STORE'S INVENTORY		<input type="checkbox"/> RETURNED BY CUSTOMER	
CUSTOMER NAME:			TEL NO.:		
PURCHASE DATE:			INVOICE NO.:		
DISTRIBUTOR NOTES: <input type="checkbox"/> DESTROY <input type="checkbox"/> RETURN: CALL TAG NO.:					

DATE RECEIVED BY DIST.
RA NO.
AMOUNT REQUESTED
AMOUNT ACCEPTED
DATE CREDIT RECEIVED
CREDIT MEMO NO.

01002

WARRANTY WATCH TAG
PART NO. WW-E2



TO REORDER CALL 800-525-TAGS; FAX NO. 804-285-TAGS

CLAIM NO.	001003	ENTRY DATE	DEALER NAME	DEALER ACCT #	DISTRIBUTOR
PART NO./DESCRIPTION:					
REASON FOR CLAIM:					
INVOICE NO.:	SERIAL NO.:				
LABOR INVOLVED:					
DEALER REQUEST DISTRIBUTOR TO:					
<input type="checkbox"/> REPLACE ITEM		<input type="checkbox"/> CREDIT ITEM \$		<input type="checkbox"/> CREDIT LABOR \$	
ITEM WAS		<input type="checkbox"/> PART OF STORE'S INVENTORY		<input type="checkbox"/> RETURNED BY CUSTOMER	
CUSTOMER NAME:			TEL NO.:		
PURCHASE DATE:			INVOICE NO.:		
DISTRIBUTOR NOTES: <input type="checkbox"/> DESTROY <input type="checkbox"/> RETURN: CALL TAG NO.:					

DATE RECEIVED BY DIST.
RA NO.
AMOUNT REQUESTED
AMOUNT ACCEPTED
DATE CREDIT RECEIVED
CREDIT MEMO NO.

01003