



130 Canada Street  
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 Winkler, MB R6W 4B7

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# Convey-All Industries Inc. Warranty Claim Form

<b>DEALER</b>	<b>DATE:</b> _____	<b>CUSTOMER</b>
Name _____	Name _____	_____
Address _____	Address _____	_____
City/State _____	City/State/ _____	_____
Zip/Postal _____	Zip/Postal _____	_____
Phone _____	Phone _____	_____
Model # _____	Serial # _____	PO# _____
Cf [ ] bU inv: # [ ] BJ _____	Invoice Date _____	Sales Person ID _____

<b>Description of Problem</b>
<hr/> <hr/> <hr/> <hr/>

<b>Cause of Problem</b>
<hr/> <hr/> <hr/> <hr/>

Qty	Part(s) Required	Description(s)
<b>Work Completed By: (name)</b> _____		
<b>Description of Work</b>		
<hr/> <hr/> <hr/> <hr/>		

Receipts included ?	Yes	No	<b>*For Office Use Only</b>
Warranty Approved By: _____			
Warranty Invoice # _____			