

# CUSTOMER WARRANTY CLAIM REQUEST

**PLEASE COMPLETE ALL SECTIONS (1 – 9)**

*This form must be completed before a claim will be submitted for review (PLEASE PRINT)*

<b>1</b> Request Date: _____ Requested By: _____ Phone #: _____ <small>MONTH DAY YEAR</small>		
<b>2</b> Serial Number: _____	<b>2</b> Model Number: _____	
<b>4</b> Invoice Number: _____	<b>5</b> Date of Install: _____ <small>MONTH DAY YEAR</small>	
<b>6</b> Installing Company: _____ Phone: _____ Contact: _____		
<b>7</b> Company/Customer: (Where Equipment Is Installed) _____ Are you the original owner?: _____ Type of Facility: (hotel, apartment, fitness club) _____ Approx. Daily Usage: (hours) _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Ext: _____ Contact: _____ Title: _____ Email: _____		
<b>8</b> Description of Issue/Complaint (what is the equipment doing/not doing): <b>INCLUDE PHOTOS OR VIDEO OF FAILURE/FAULT</b> _____ _____ _____ _____ _____ _____ _____		
<b>9</b> Repair or Diagnostic Action Performed: _____ _____ _____ _____		

*If you are having issues filing out this form, you may email [Service@BrigadoonFitness.com](mailto:Service@BrigadoonFitness.com) with all the information as requested.*