



A Division of Unit Liner Company

## Data Form for Warranty Evaluation of Returns

**(Please COMPLETE this evaluation in full and return with any return)**

Date of return: \_\_\_/\_\_\_/\_\_\_

Customer's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Ship to: (if different) \_\_\_\_\_

Date of Customer Purchase: \_\_\_/\_\_\_/\_\_\_ Invoice No. \_\_\_\_\_

Item Description \_\_\_\_\_

Part or Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Has there been a previous warranty claim for this customer on the same application? \_\_\_yes \_\_\_no  
If so, what was the date? \_\_\_/\_\_\_/\_\_\_

If there has been a previous claim, does this item display the same symptoms as the last warranty claim?  
\_\_\_yes \_\_\_no

Is there physical damage to the item? \_\_\_yes \_\_\_no  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain in detail reason for return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the return due to: (please check one)  
Item Defective \_\_\_ Ordered incorrectly \_\_\_ Data Entry Error \_\_\_ Warehouse Shipping Error \_\_\_  
Changed Mind \_\_\_ Didn't meet specifications required \_\_\_

Comments or additional data: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Signature: \_\_\_\_\_