



# Warranty Claim Information Sheet

Warranty Department

Warranty Claim # _____	Date Open _____	Claim Taken By _____
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### Owner Identification:

### Dealer Identification:

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

### Claim Information:

Product \_\_\_\_\_

Product \_\_\_\_\_

Product \_\_\_\_\_

Serial # \_\_\_\_\_

Serial # \_\_\_\_\_

Serial # \_\_\_\_\_

### Issues and/or Comments:

Photos Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

When completed: mail, fax, or e-mail to:

**Meridian Manufacturing Group**  
 Attn. Warranty Manager  
 2902 Expansion Blvd., Storm Lake, IA 50588

PH: 800-437-2334

Fax: 712-732-1028

WarrantyUSA@meridianmfg.com