

COZY WARRANTY FORM

WARRANTY CLAIM FORM

Claim Date
Mo. Day Yr.

Distributor/Dealer
Washer specialties

Brand

Unit Model No.

Owner Name

Unit Serial No.

Unit Address

Start-Up Date **Date Failed**

Apartment No. **Area Code** **Phone**

City **State** **Zip Code**

Servicing Dealer

City **State** **Zip Code**

Area Code **Phone**

PART NUMBER	QTY	DESCRIPTION	REASON FOR FAILURE
1		Failed Replacement	
2		Failed Replacement	
3		Failed Replacement	