

## **WARRANTY SERVICE REPORT**

Odin Hammers 1139 Fraklin's Gull Road Parksville, BC V9P 2W8 250-586-5461

www.odinhammers.com

Claim No.
Reporting Date
Original Unit Sold

Yes or No

	by you r	
Owners Name:	Date failed:	
Address:	City/Prov/PC	
Serial No:	Model Name:	
Service to Start at:		
Claim reports:		
A) Report Fault (with pictures)	B) Work done in detail	
C) Claim Status after service	D) Remaining work after service	

## Instructions:

- 1) Customer acklowledges receiving the material and service indicated on theface hereof.
- 2) Warranty claim will be accepted only if it is submitted on a proper claims form with proof of purchasse and recevied within fifteen days from the date failed.
- 3) All correspondence regarding this claim must reference the authorization numbe and date of repair
- 4) Please observe our warranty will not cover and expenses for work on equipment not delivered by Odin Hammers, neither will it cover failure in our system caused by other suppliers' equipment.