WARRANTY SERVICE CLAIM FORM

DATE: _____ / _____ / _____

IMPORTANT – For a claim to be processed, this form must be completed in its entirety for each radio.

Maxon will pay one (1) warranty claim per radio for component level repairs due to electrical manufacturing defects. No warranty claims will be paid on out-of-box failures and in-service adjustments that result from normal wear and tear and/or component aging. Claims made on mechanical defects (battery contacts, knobs, latches, etc.) will be considered on a case-by-case basis and may be paid at a lesser amount. **Warranty Service Claims are only available on products carrying a 3 Year Warranty.**

Dealer Name:_____ Dealer Account #:_____

Address:_____ Dealer Phone #: _____

City, State, Zip:_____ Dealer Fax or Email:_____

Radio Model #:_____ Radio Serial #: _____

Customer Purchase Date:_____

Date received for repair:_____

Customer Complaint: _____

DESCRIPTION OF DEFECTS AND / OR PROBLEMS FOUND: _____

_____

_____

SERVICE PERFORMED:_____

_____

PARTS USED (Attach a separate sheet if necessary)

Part Number	Description (Transistor / Capacitor)	Part ID (R25, Q5, etc.)	Unit Price

Work performed by (Print name):_____Date:_____

FOR MAXON USE ONLY

CLAIM APPROVED ☐ **CLAIM DENIED** ☐ Claim Amount $_____

Reason for denial: _____

Customer Service Rep. Initials:_____ Date:_____ Form: MWSC 010119