



Email: bill@tubeline.ca

Warranty Claim Form

Date:			_		
Dealer Name:					
Dealer Address:					
-					
Product Description:			_ Date of Sale:		
			Date of Failure:		
Machine Model:		Machine Serial #:			
Explanation of Proble	em or Failure:				
Quantity:	Part Number:	Description:	Price:	Extended Amount	
Total: \$					
	•	pproved and signed			
Warra	nty forms may be	faxed, mailed, or er	nailed to the abov	ve address.	
Signed (Tube-Line)		Date			
Signed (Dealer)		 Date			