



WARRANTY CLAIM FORM

FOR WARRANTY CONSIDERATION

1. Claim form must be **COMPLETELY** filled out and either scanned and emailed to
sales@onyxsolutions.com
2. Model#, Serial# and Date of Purchase **MUST** be provided.
3. All defective parts must be returned to the factory with this form or an RGA form.
4. Assemblies must be complete when returned for warranty evaluation **WITHIN 30 DAYS OF RECEIVING THE REPLACED WARRANTIED PART(S).**
5. Authorization for excess labor must be obtained from Onyx Systems within the normal warranty period and prior to beginning the repair work. Flat rate prevails.

RETURN PARTS TO: 12703 Commerce Station Drive, Suite 200, Huntersville, NC 28078

Returned parts tracking number: _____

WARRANTY claim # (use your work order number): _____ Onyx order # _____ DATE _____

Dealer Name: _____ Dealer account # _____

Address: _____ your name: _____

City, ST ZIP: _____ Phone: (_____) _____ -- _____

Dealer's FAX or e-mail: _____

MODEL: _____ **SERIAL #** _____ **HOURS** _____

DATE OF PURCHASE: _____ **FAILURE DATE:** _____

End user name: _____

End user address: _____ Contact: _____

End user City, ST ZIP: _____ Phone: (_____) _____ -- _____

Causal part # _____ Causal part description: _____

Describe the manufacturer's defect in workmanship and/or materials:

PART#	PART DESCRIPTION	QTY	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION# (Given by tech dept. if total claim is over \$300) _____ **Total Parts \$** _____

LABOR: Hours: _____ Warranty labor rate \$ 65 / hour **total labor \$** _____

I attest this repair was completed using only new manufacturer-approved replacement components and the shop labor rate written above is conspicuously posted in a public area of my place of business.

Dealer signature: _____

TOTAL AMOUNT CLAIMED: \$ _____

Warranty evaluator comments: _____

TOTAL AMOUNT APPROVED: \$ _____