



**Capital Reman Exchange, LLC
Claim Form**

Customer Name:					
Address:					
City/State/Zip:					
Phone:			Contact:		
Equipment:	Model:	Serial #:	ARR #:	Mileage:	Hours:

Qty:	Part #:	Purchase Date:	Invoice #:	Install Date:	Installer's Name

Customer/Mechanic Failure Diagnosis - Please be detailed and specific



Final Warranty Analysis/Disposition (Capital Reman Exchange, LLC Internal Use Only)

Signature: _____

Date: _____