

CUSTOMER:			BRAUN NORTHWEST, INC. P.O. Box 1204* Chehalis, Washington 98532 360-748-0195 * Fax 360-748-0256 www.braunnorthwest.com		DATE REPAIRED:				
VIN # or BUILD #					MILEAGE:				
ADDRESS:					DELIVERY DATE				
					TO CUSTOMER:				
PHONE:			WARRANTY CLAIM 1. If you request warranty parts from Braun NW, please mark in price columns (MS). 2. Attach your shop work order and any sub contract bills with Warranty Claim. 3. Please only one unit per Warranty Claim. 4. You must have a prior approval #. 5. All claims must be submitted within 30 days.		TOTAL LABOR				
REMIT PAYMENT TO:					TOTAL PARTS				
					TOTAL CLAIM ALLOWED				
PRIOR APPROVAL#									
DATE ISSUED:									
CUSTOMER SIGNATURE:				DATE:		AUTHORIZED BY:		DATE:	
QUAN	PART # OR DESCRIPTION	PRICE	DESCRIPTION OF WARRANTY WORK						
			COMPLAINT:			HRS.:			
						LABOR RATE:			
						HOURS APPROVED:			
						RATE APPROVED:			
			CAUSE:						
			CORRECTION:						