



Return (RMA # must be present on all packaging) RMA # _____
 Warranty Claim FieldScrap# _____

Report Date: MM / DD / YYYY	Model:	Serial #:
Distributor Name: _____		Original Purchase Date: _____
Dealer Name: _____		Contact: _____
Address: _____		
Tel: (____) _____		Fax: (____) _____ email: _____
Customer Name: _____		
Address: _____		Tel(____) _____
DESCRIPTION OF PROBLEM: _____		

CORRECTIVE ACTION: _____

SERVICE CALL DATE: MM / DD / YYYY

PARTS REQUIRED				SHIPPING: (OFFICE USE ONLY)
Part #	Description	Qty	Cost (OFFICE USE)	<input type="checkbox"/> - Collect <input type="checkbox"/> - PPD <input type="checkbox"/> - PPD & Charge <input type="checkbox"/> - Expedited Parcel <input type="checkbox"/> - Express Post <input type="checkbox"/> - Greyhound <input type="checkbox"/> - Other
Parts Total				
Labor				
CLAIM AMOUNT				

In USA return forms to: Blaze King Ind. 146 A ST Walla Walla, WA 99362 Fax: 509-522-9803 email: warranty@blazeking.com	In CANADA return forms to: Valley Comfort Systems 1290 Commercial Way Penticton BC V2A 3H5 Fax: 250-493-5833 email: warranty@blazeking.com
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(OFFICE USE ONLY)

ROOT CAUSE ANALYSIS (check cause / circle origin)

DEFECT CAUSE	DEFECT ORIGIN	
<input type="checkbox"/> - Man	01 - Vendor Supply Chain	08 - Order Entry
<input type="checkbox"/> - Machine	02 - Metal Processing	09 - Picking / Packaging
<input type="checkbox"/> - Method	03 - Welding	10 - Freight Damage
<input type="checkbox"/> - Material	04 - Paint	11 - Other
	05 - Finishing	
	06 - Kit	
	07 - Combustor	

CHARGE TO: - Warranty - Customer

SPECIAL INSTRUCTIONS / DETAILS:

<input type="checkbox"/> - Send RMA and/or Instructions	<input type="checkbox"/> - Previously Picked
<input type="checkbox"/> - Issue F.S.R	<input type="checkbox"/> - Return goods prepaid for warranty

AUTHORIZED BY: _____ DATE: _____