



700 Osuna Road NE • P.O. Box 26146 (87125-6146)  
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 Phone (505) 345-2661 • FAX # (505) 345-6190  
 Web Site: www.megacorpinc.com

## Dealer Claim Form

Dealer Claim#: \_\_\_\_\_ Work Order # \_\_\_\_\_  
 Claim Date: \_\_\_\_\_  
 Dealer Name: \_\_\_\_\_ Owner (End User): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MEGA Model#: \_\_\_\_\_ Tank SN: \_\_\_\_\_ R.A.#: \_\_\_\_\_  
 Tractor/Truck Model#: \_\_\_\_\_ In-Service Date: \_\_\_\_\_ Hours on Machine: \_\_\_\_\_  
 Prime Mover SN: \_\_\_\_\_ Failure Date: \_\_\_\_\_ Repair Date: \_\_\_\_\_

Problem (Please Submit Service and/or Mechanics Reports):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Solution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parts:

Qty.	Part #	Description	Invoice #	Net Ea.	Net Total

Parts Total:			
	Hours	Rate	Total
Labor Hours			
<b>Total Claim</b>			

**Note:** IF REPLACEMENT PARTS ARE USED PLEASE SEND USED PARTS TO MEGA PREPAID WITH COPY OF THIS AS A PACKING SLIP. ALL RETURNED PARTS **MUST** HAVE A RETURN AUTHORIZATION NUMBER

MAIL ORIGINAL CLAIM TO MEGA CORP. WARRANTY DEPT. ATTENTION. WARRANTY ADMINISTRATOR

Warranty Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_