

Compact Excavator Sales, LLC PO BOX 667/ (400 Production Ct) Elizabethtown, KY 42702-0667 (42701) Phone: 800-538-1447 Fax: 270-737-0419 www.katoces.com

Submitted By:

KATO IMER Warranty Claim Form

Directions: Please complete the form and submit via:

- 1. Hit the Submit by E-mail button (Please print a copy for your records by hitting the Print Button) or Email to jsmith@katoces. com.
- 2. Take pictures and keep parts (they may be requested).

ustomer Info:	ſ	Machine Info):	
ompany/Branch	Λ	Model Type		
ddress:	S	Serial Number		
ty/State:		lour Meter		
ontact:		Delivery Date		
none:	F	ailure Date		
nail:	P	P.O.or Inv.#		
Description of Failure and Re	esolution			
All IMED warranties will need	a picture of the serial number and hour me	ator IMED will not lo	ok at a warrantu wii	thout thom
Item#	Description & inv. #	Quantity	Unit Price	Amount
			Parts Total	
Lahor @\$50.00			Parts Total Labor Total	
Labor @\$50.00				
Labor @\$50.00 Travel Time @ \$25.0 Mileage @ \$1.00	00			

Date Submitted: