



Warranty Claim Form

WARNING - INCOMPLETE FORMS WILL DELAY WARRANTY PROCESSING.

Date: _____
 Customer Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Contact Name: _____

Send to: Mecal by Starn
 Attn: John Belovarac
 20524 Blooming Valley Rd
 Meadville, PA 16335
 Tel: (814) 724-1057
 Fax: (814) 333-8531
 email: jbelovarac@starn.com

Date codes can be found stamped onto product and are in the following format:

4 / 14 (Manufactured April of 2014)

Part Number	Description / Part Name	Quantity

Original Purchase Order Number (if available) : _____

Applicator Serial No: _____ and number of cycles before problem arose? _____

Attach pictures (if available)

NATURE OF DEFECT: _____

DO NOT WRITE BELOW THIS LINE

RMA Number: _____

Production Department Inspection Report: _____

Covered

Not Covered

Processed by: _____

Mecal by Starn Employee Name