**CLAIM REPORTING FORM** Date: \_\_\_5/10/2024\_\_\_\_\_\_\_\_\_\_\_

Claim Report

|  |  |
| --- | --- |
| Dealer Name: | BRAND**:**  |
| Contact: | Euro Link LP Invoice No**.:**  |
| Street Address:  | AB# from bar code **AB**  |
| City:  | Claim ref**:**  |
| State:  | Style:  |
| Zip**:**  | Cover |
| Telephone:  | PHOTOS SUBMITTED: |
| Fax: na | VIDEOS SUBMITTED: |

**Detailed description of the problem on the claimed item:**

**MANDATORY: Please also include the Himolla Bar Code as shown below as we must have this information to process your claim. You find the bar code in a small plastic pouch attached underneath the footrest.**



|  |
| --- |
|  |
|  |

**\*\*All required information and photos must be submitted before the claim process will begin. Please email digital photos or mail to Euro Link LP: shelly@europlinklp.com**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Submitted by:** |  |  | **Date:** |  |

**PAGE 2 - CLAIM PROGRESS FORM – EURO LINK LP USE ONLY.**

CLAIM SUBMITTED TO FACTORYon:by:

REPLY FROM FACTORY on:by:

INSTRUCTIONS FROMFACTORY**:**

***IF CLAIM IS OUT OF WARRANTY:***

EURO LINK INQUIRY TO FSN: on Does FSN *have a tech in ……………..?*

REPLY FROM FSN: on:

EURO LINK REPLY TO CUSTOMER: date:

*Your claim is unfortunately no longer covered by the manufacturer’s warranty.*

*Customer can order parts at a cost price of $................ incl shipping*. Customer has to

*contact tech company to schedule the repair. Customer has to pay for labor.*

*EURO LINK LP recommend the tech company FSN as we have worked with them*

 *successfully before and FSN have a tech in 3444 Smithtown. Tel. (877)-844 1813*

*Please confirm address where Euro Link LP should ship the parts.*

*Address 1:*

*Address 2:*

*City:*

*ZIP:*

*Good phone number where customer can be reached:*

REPLY FROM CUSTOMER: date:

*Address 1:*

*Address 2:*

*City:*

*ZIP:*

*State:*

*Good phone number where customer can be reached:*

REPLY FROM EURO LINK LP: *Please find attached SO……………….., (our order confirmation for your parts order.)*

*Pur accounting department will contact you by phone shortly to collect your payment*

*By CC. Once your payment has been received we will order required parts from the*

*factory. Please allow an estimated delivery time of about 3 -6 weeks.*

PAYMENT FOR PARTS REVEIVED: on:

PARTS ORDERED FROM FACTORY on:  *with* PO number:

PARTS RECEIVED FROM FACTORY on:

PARTS FORWARDED TO:

*Address 1:*

*Address 2:*

*City:*

*ZIP:*

*State:*

*Good customer ‘s tel no:*

PARTS FORWARDED TO CUSTOMER on: FedEx Tracking number:

***IF CLAIM IS STILL UNDER WARRANTY***

INSTRUCTIONS FROM**:** *The claimed item is still covered under warranty.*