WARRANTY CLAIM FORM

Send to Bay Distributors
Email to:
george@bwmarineproducts.com
Fax - 800-752-5579

Claim Number _____

Date _____

Customer Information

Name LAST _____ First _____

Phone #/email _____

Address _____

City _____

State _____ Zip _____

Signature (Required) _____

Model

- ☐ **BVE**-Big Volt
- ☐ **CL**-Chipper Lite
- ☐ **CM**-Chipper Magnum
- ☐ **ELL**-Electra Lazer
- ☐ **HL**-Honda 35cc Lite
- ☐ **LL**-Lithium Lazer
- ☐ **LM**-Lazer Mag
- ☐ **LMP**-Lazer Pro
- ☐ **LZ**-Lazer Lite
- ☐ **MP**-Magnum

Warranty Performed By

BUSINESS NAME _____

Phone #/email _____

Address _____

City _____

State _____ Zip _____

Signature (Required) _____

Solo Powerheads

☐ **137** (Spec# 2000692) ☐ **142** (Spec# 2000693)
☐ **154** (Spec# 2000694) ☐ **111** (Spec# 2000708)

Serial # _____ DOM: _____

Honda (GX35) Powerhead

Serial # GCAST -

Electra Lazer/Big Volt/Lithium Lazer

Serial # _____ - E

Purchase Date

Month/Day/Year

Failure Date

Month/Day/Year

Repair Date

Month/Day/Year

Originally Purchased From:

General Failure Description

Failure Codes (check at least one)

☐ 1- Broken ☐ 2-Melted ☐ 3-Electric Failure ☐ 4-Scored/Seized ☐ 5-Unknown/Other

Condition/Problem Found

Work/Repair Performed

Billing Information

Part #s	Qty	Description	Totals $

Labor Minutes
(in 15 min. intervals) _____ Total $ _____

Freight/Postage Total $ _____

Total $ _____

This Area is for StrikeMaster Use Only

Total $ _____