



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

KATO Warranty Claim Form

Directions: Please complete the form and submit via:

1. Hit the Submit by email button (Please print a copy for your records by hitting the print button) or email to jake@katoces.com
2. Take pictures and keep parts (they may be requested). Pictures can be sent with claim to above email address.

Customer Account # _____

Customer Info:

Company/Branch _____
 Address: _____
 City/State: _____
 Contact Name: _____
 Phone: _____
 Email: _____

Machine Info:

Model Type _____
 Serial Number _____
 Hour Meter _____
 Delivery Date _____
 Failure Date _____
 P.O. or Invoice # _____

Detailed Description of Failure and Resolution (REQUIRED)

Item #	Description	Quantity	Unit Price	Amount
Shipping Cost (If Applicable)			Parts Total	
			Labor Total	
Labor @\$100.00				
Travel Time @\$10.00				
Mileage @ \$1.00				
			Grand Total	

Note: Claims must be completed and returned to KATO within 30 days of repair. Parts must be held until judgement has been determined. I certify that all information is correct and accurate.

Submitted By:

Date Submitted:

Submit by Email

Print Form