



Office Use Only

This Form Used for ADP /LG Claims Only

Dealer Number

Dealer Name

Job Name or PO Number
for Reference

First and Last Name of End
User

Business
Name

Address

City, St, Zip

Model Number of Unit

Serial Number of Unit

Install Date of Unit

Fail
Date

Repair
Date

Part Number

Invoice

Serial Number of Part

Failed

Replaced

Failed

Replaced

What was wrong with the part(s)

Signature

Date