



Integral dx Inc.  
 121 N. 1st St.  
 Montevideo, MN 56265

**WARRANTY CLAIM**

Dealer Name:		Shop Order No:		Date:	
Customer Name:					
City:		State, Zip:		Country:	
Model No:		Unit Serial No:			
Warranty Start Date:		Date of Failure:		Date of Repair:	
Describe Problem(s):					
Describe Work Performed:					Itemized Labor:
Part Number:	Quantity	Description	Distributor Total	Approved Total	
Outside Expenses			Invoice No:		
Total Parts Cost Including Outside Expenses and Freight				\$	
Labor:	X Hr. Rate:				
Travel:	X Per Mile Rate:				
Warranty Claim Total				\$	
Distributor Signature					
RGA Number:	Incident No:				
Authorized Signature			Status:	Date:	

Phone: 320 435-0003  
 Press 3 for Service

[warranty@integraldx.com](mailto:warranty@integraldx.com)  
[www.integraldx.com](http://www.integraldx.com)