



1458 Mariani Court ~ Tracy ~ CA ~ 95376  
800-331-9988

## DRILLINGWORLD RETURN/WARRANTY CLAIM FORM

Date:\_\_\_\_\_

Sold To:\_\_\_\_\_

Part# that failed:\_\_\_\_\_

Contact Name:\_\_\_\_\_

Date of failure:\_\_\_\_\_

Invoice purchased on:\_\_\_\_\_

How many pieces failed:\_\_\_\_\_

Phone#-----

Cell#-----

Type of machine used at the time of failure:

Model#\_\_\_\_\_Make\_\_\_\_\_Serial#\_\_\_\_\_

(if Drill Motor claim)

Type of material you were drilling in:

-----  
-----  
-----

Explain part failure in detail describe how the part is malfunctioning or reason for return:

(Part failed is not an acceptable explanation)

-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----

Pictures Attached? Y / N

Where replacements sent to customer? Y / N    If yes, Invoice  
replacements sent on \_\_\_\_\_