WARRANTY CLAIM FORM

Please refer to Warranty Policy & Claims Conditions information.

(888) 266-2885 GoLoadmac.com

Instructions for clients: Complete Sections 1 and 2, then send this form along with supporting pictures to Warranty@GoLoadmac.com for consideration.
Claim must be approved by GoLoadmac prior to any work being done.
We do our best to respond promptly.

GoLoadmac Details

(888) 266-2885
info@GoLoadmac.com
18915 Bull Rapids Rd,
Spencerville, IN 46788

Section 1: Contact information

Client Details					
Business name		Address			
Parent company					
Contact name		Phone		Email	

Forklift model	Serial number	Hours in service	Claim date	Other

Section 2: Warranty issue details

Describe the problem / issue. Attach supporting photos (required) in your email when submitting this form.

Section 3: Required parts

Please include part numbers, descriptions, and quantities.

Section 4: For ABT Loadmac internal use only

ABT Loadmac ref / CPA #		Date received by ABT Loadmac	
Claim approved / rejected		Claim decision date	
Parts cost		Client notified of decision	
Shipping cost		Parts supplied date	
Parts supplied ref			

Is this a repeat claim on unit?	

Comments