



WARRANTY CLAIM APPLICATION

1. RGM/RMA #: _____

DISTRIBUTOR INFORMATION

(Skip this section if claim is originating from a Dealer or Consumer)

2. Distributor Name: _____ 3. Account #: _____
 4. Street Address: _____ 5. City: _____ 6. State: _____ 7. Zip: _____
 8. Phone: _____ 9. Fax: _____ 10. E-Mail: _____

DEALER INFORMATION

(Skip this section if claim is originating from a Consumer)

11. Dealer Name: _____ 12. Dealer #: _____
 13. Street Address: _____ 14. City: _____ 15. State: _____ 16. Zip: _____
 17. Phone: _____ 18. Fax: _____ 19. E-Mail: _____
 20. Work Order #: _____ 21. Date of Service: / / 22. Technician: _____

CONSUMER INFORMATION

23. Consumer Name: _____ 24. (Skip this item if Consumer is not a Mobile Customer)
 RV Brand/Model/Year: _____
 25. Street Address: _____ 26. City: _____ 27. State: _____ 28. Zip: _____
 29. Phone: _____ 30. Fax: _____ 31. E-Mail: _____
 32. Winegard Product Model: _____ 33. Serial #: _____ 34. Date of Purchase: / /

PROBLEM INFORMATION

35. Description of Problem: _____

36. Diagnosis: _____

37. Corrective Action: _____

38. Materials

| Qty | Part # | Description | Cost | Parts Returned | |
|------------------------|--------|-------------|------|----------------|---|
| | | | | Y | N |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Material Charges | | | | | |

| | | | | | |
|---------------------------|-----------------|------------------------------|--------------------------------|--------------------------------|----------|
| 39. Labor | _____ hrs | @ \$ _____ | per hour | Total Labor Charges | \$ _____ |
| 40. Shipping Charges | Shipping Method | <input type="checkbox"/> UPS | <input type="checkbox"/> FEDEX | <input type="checkbox"/> OTHER | \$ _____ |
| 41. Miscellaneous Charges | Tax | Explanation | | \$ _____ | |
| | Other Charges | Explanation | | \$ _____ | |
| 42. Total Charges | | | | | \$ _____ |

| FOR WINEGARD USE ONLY | |
|-----------------------|--|
| Call # | |
| RMA # | |
| Shipment # | |
| Claim # | |
| Authorized by | |
| Date | |
| Ref. RMA # | |

Fax to: (319) 754-0715 **E-mail to:** Warranty@winegard.com

Mail to: Technical Services, Winegard Company, 3111 Kirkwood Street, Burlington, IA 52601

In order to process your claim the Consumer proof of purchase documentation is required to be sent to Winegard Company along with the product and this completed warranty claim application.

Winegard Warranty Claim Application Instructions

Upon completion of the repair of a Winegard product that is deemed a Winegard manufacturing error and is within the stated warranty period, complete the warranty claim application form. The completed form and the proof of purchase are to be both faxed, emailed, or mailed to Winegard and attached to the defective product and returned to Winegard Company at the address listed on the bottom of the form. The warranty claim application must be completely filled out using the following instructions.

1. **Claim # (RGM/RMA)...** This is the RGM (Return Goods Memo) / RMA (Returned Material Authorization) number that was given at the time Winegard sent service parts or requested the return of the defective parts. This number is on the packing list of the replacement parts or on the RMA paperwork that was supplied by Winegard warranty.

Distributor Information (This is the name of the distributor filing the warranty claim form. If the dealer is submitting the claim, skip this section.)

2. **Distributor Name...** The name of the distributor filing the warranty claim.

3. **Distributor Account #...** The distributor's Winegard account number if known.

4.-7. **Address/City/State/Zip...** Please use the address that Winegard shipped replacement items to.

8.-10. **Phone/Fax/Email...** Use the service department numbers. Include an email address if at all possible.

Dealer Information (This is the name of the dealership or service center providing warranty work.)

11. **Dealer Name...** The name of the dealership providing the service work.

12. **Dealer #...** Use the Winegard dealer number that was issued to this dealer or leave blank if unknown or not issued yet.

13.-16. **Address/City/State/Zip...** Please use the address that Winegard shipped replacement items to.

17.-19. **Phone/Fax/Email...** Use the service department numbers. Include an email address if at all possible.

20. **Work Order #...** This is the dealer work order number that we will reference to in any communication or claims processing. If an invoice is also used, include it with the work order #.

21. **Date of Service...** This is the date the service work was completed.

22. **Technician...** The name of the person that is familiar with the service that was performed in case questions arise.

Consumer Information (This is the person that owns the Winegard product being serviced).

23. **Consumer Name...** Name of the end user (consumer).

24. **RV Brand/Model/Year...** This is the RV manufacturer, their model name and the year of manufacture of the consumer's RV (if applicable.) Does not apply if the warranty is for a home satellite system or home off-air antenna system. Example... Damon Intruder 2006.

25.-28. **Address/City/State/Zip...** Please use the consumer's permanent address.

29.-31. **Phone/Fax/Email...** Use the consumer's home phone number. You can substitute a cell phone number if a fax number is not available (please indicate if it is a cell phone). Include an email address if at all possible.

32. **Winegard Product Model...** The model number of the Winegard product being serviced. Look at the instruction manual for this information if it is not on the product.

33. **Serial Number...** If the product has a serial number, enter it here. Almost all RV products have a serial number. For satellite receivers, use the CAID number that begins with R00.

34. **Date of Purchase...** This is the date of retail sale to the consumer. Include a copy of the proof of purchase with the Winegard product listed on it. It may be an aftermarket sale or a copy of the RV invoice if the product came pre-installed on the RV. If this information is not provided, the warranty date will be the Winegard Manufacture date.

Requirements for a Proof of Purchase.

1. Must clearly state the Winegard product and model.
2. Must clearly state the date of retail purchase of the Winegard product.
3. In the case of an OEM installed product, the retail date of purchase of that OEM product with the Winegard product listed on the invoice or the factory installed options document. (RV sales agreement)
4. Must include the consumer's name, address, and telephone number.
5. Must include the seller's name, address, and telephone number.
6. Must be legible at the time of receipt by Winegard Warranty Administration.

Problem Information (This is the problem description and remedy information for the product).

35. **Description of Problem...** The symptoms the consumer is describing for the reason of the service.

36. **Diagnosis...** The Winegard manufacturing error that was determined by the person servicing the product.

37. **Corrective Action...** What was performed to correct the Winegard manufacturing error.

38. **Materials...** Materials used to correct the problem.

Qty... Quantity of the parts used.

Part #... The Winegard part number used.

Description... A brief description of the part used including serial number of the new unit (if possible).

Cost... The price the dealer paid for the part plus 20% mark up* unless a replacement was sent by Winegard at no charge.

*Individual State Laws may apply.

Parts Returned... Check either Y (Yes) or N (No) if the defective parts were sent back to Winegard. Most parts have to be returned prior to the claim processing unless specifically instructed by Winegard Technical Service Representative not to. See Flat Rate list for those parts that are exempt from being returned. You can obtain a copy of the Flat Rate list by emailing warranty@winegard.com and requesting it.

39. **Labor...** used to correct the problem.

Hours... The number of hours claimed based on the Flat Rate list.

Per hour... The servicing dealer's posted shop rate.

40. **Shipping Charges...**

Shipping Method... Which carrier was used for return shipping. (UPS preferred using our UPS account number 530-400.)

\$... The reimbursable amount of shipping expenses to return the part to us. Our UPS account number 530-400 should be used for return shipping expenses.

41. **Miscellaneous Charges...**

Other... Any other reimbursable cost associated with repair. Must be accompanied by a separate description and receipt.
Example... Customs fees.

Tax... Any reimbursable tax paid by the dealer to effect this service or if labor and parts are required to be taxed locally.

42. **Total Charges...** The sum of all the parts, labor, shipping, other, and tax that is reimbursable.

Ship defective product (if requested/required) to:

Technical Services, Winegard Company, 3111 Kirkwood Street, Burlington, IA 52601

Call 319-754-0738 for warranty claim inquiries only.