



Warranty Claim Form

PORTACO, INC. · A GOLDSCHMIDT COMPANY

Registered Owner:	Phone №:	
Address:		
Technician:	Claim or Reference №:	
Date of Failure:	Serial №:	
Date of Repair:	Model Nº:	
Description of Complaint or Action Taken:		
Company Requesting Reimbursement:		
Address:		
Printed Name:	Signature:	

List all parts used and/or replaced in table on following page!

 $\label{eq:portaco} \mbox{PORTACO, INC.} \cdot \mbox{A GOLDSCHMIDT COMPANY} \cdot 1805 \mbox{ 2nd Avenue North} \cdot \mbox{Moorhead} \cdot \mbox{Minnesota } 56560 \cdot \mbox{USA} \\ \mbox{Phone: Phone } +1 \mbox{ 218-236-0223} \cdot \mbox{Fax } +1 \mbox{ 218-233-5281} \cdot \mbox{E-Mail: pci@goldschmidt.com}$



Quantity	Part №	Description