



NEW REPLACEMENT PARTS FOR HEAVY EQUIPMENT

Quality Claim Form

6100 NW 77th Ct
Miami, Florida 33166
Tel: 786-336-4900, Fax: 786-336-4959

for office use only:
claim no. _____
date rec'd _____
Processed by _____

Date _____

Reason for Claim Quality Problem
(pls mark one) ★ Wrong part no. (not like OEM)

Part number in claim _____ ★

Costex Sales Associate _____ ★

Customer Information

Company Name _____ ★

CTP Customer # _____

Costex Order no. _____

Costex Invoice no. _____ ★

Invoice date _____

Part Information

Part No _____ ★

Description _____

Qty claimed _____ ★

Machine Model _____

Date of installation _____ ★

Serial Number _____

How many hours was the part used _____ ★

Please describe below the trouble experienced with this part. Please detail the reasons why you suspect the part failed. Please attach any additional documents that will help us solve this claim, such as blueprints, pictures of the part, etc. If the part is incorrect dimensionally, please specify the incorrect and correct dimensions ★

Please note: if the part being claim is a turbo or pump, please fill out Part B of the claim form

Other information

This claim was submitted by _____ ★

Position _____

Contact tel. number _____ ★

fax no. _____

e-mail _____ ★

fields marked with "★" are mandatory