



US MOTORS POOL & SPA
MOTOR WARRANTY CLAIM FORM

Date: _____

Distributor: _____
Address: _____
Debit Memo: _____

Contact Name: _____
Phone Number: _____
Fax Number: _____

Place
Nameplate
Here

Place
Nameplate
Here

Model - _____ Mfg Code - _____
Reason for Return - _____

Model - _____ Mfg Code - _____
Reason for Return - _____

Place
Nameplate
Here

Place
Nameplate
Here

Model - _____ Mfg Code - _____
Reason for Return - _____

Model - _____ Mfg Code - _____
Reason for Return - _____

Please mail to:

US Motors
P.O. Box 36916
St. Louis, MO 63136
ATTN: Product Service