## **Product Protection Plan Claim Form**

## **INSTRUCTIONS:**

- 1. Please completely fill out the claim form.
- Attach a copy of service company's invoice clearly showing service performed, date of service, equipment repaired or replaced and service call charges.
- 3. You may fax, mail or e-mail this completed claim form and the service company invoice to TAW.
- TAW Eastway Plaza 1899 Tate Blvd., SE – Suite 2110 Hickory, NC 28602 (866)-880-6019 Toll Free FAX 828-449-1247 Email : <u>nrtc-claims@intlwarranty.com</u>

## SERVICE COMPANY INFORMATION **CUSTOMER INFORMATION** Waldron Communication Company\_ CUSTOMER NAME SERVICE COMPANY NAME **TECHNICIAN NAME** ADDRESS <u>115 South Main Street</u> ADDRESS CITY,STATE,ZIP <u>Waldron, MI 49288</u> TELEPHONE 517-286-6211 **TELEPHONE NUMBER** SERVICE PLAN NUMBER (If Available) **PRODUCT INFORMATION** PART DESCRIPTION PART COST (Check the circle for the component that has failed.) MODEM & POWER SUPPLY \$\_\_\_\_\_ O MODEM: SERIAL NUMBER TRIA \$\_\_\_\_\_ DISH \$\_\_\_\_\_ MAC ID# POWER SUPPLY \$\_\_\_\_\_ O TRIA: SERIAL NUMBER: Subtotal Parts: \$ \_\_\_\_\_ O DISH Shipping (if applicable) \$ \_\_\_\_\_ O POWER SUPPLY Service Call Charge \$ \_\_\_\_\_ NATURE OF PROBLEM LESS \$20.00 COPAY: \$ - 20.00 TOTAL AMOUNT OF CLAIM: \$ \_\_\_\_\_ **CUSTOMER SIGNATURE & DATE** DESCRIBE SERVICE PERFORMED DID YOU ? ○ SIGN THIS CLAIM FORM ?

- O ATTACH SERVICE COMPANY INVOICE?
- KEEP A COPY FOR YOUR RECORDS?