



LANDICE, INC.
 111 CANFIELD RD., SUITE A-1
 RANDOLPH, NJ 07869

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 FAX: (973) 927-0630
 Service@LANDICE.COM

(Submit completed form to service@landice.com or fax to 973-927-0630)

SERVICE CLAIM FORM SA# _____

DEALER INFORMATION

Service Dealer/Dealer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 Contact Name: _____ Contact Phone #: _____

CUSTOMER INFORMATION

Customer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Contact: _____

Treadmill Info **Elliptical Info** **Bike Info** **Cx8 Info**

Model Type: _____ Date of Service: _____
 Frame Serial #: _____ Date of Purchase: _____
 DCP Serial # (if applicable): _____
 Out of Box Problem: Yes: No:

CUSTOMER COMPLAINT:

SERVICES PERFORMED/PARTS REPLACED:

TRAVEL/LABOR: Travel Time: _____ Labor Time: _____ **TOTAL TIME:** _____

VALIDATION SIGNATURES:

Service Rep Signature: _____ Date: _____
 Customer Signature: _____ Date: _____

IN ORDER TO PROCESS THIS CLAIM IN THE LEAST AMOUNT OF TIME,
SEND THE SERVICE CLAIM WITH THE DEFECTIVE WARRANTY PART.
 DO NOT SUBMIT SERVICE CLAIMS WITHOUT SERVICE AUTHORIZATION NUMBERS.