



RED JACKET®

PUMPS

P.O. Box 2973 • Mission, KS 66201
ATTN: Warranty Administration
800-262-7539

FIVE YEAR SECURITY PLAN APPLICATION AND CLAIM FORM

See instructions on reverse side.

#: _____
(To be completed
by Red Jacket)

EQUIPMENT COVERED		RED JACKET DEALER			HOMEOWNER/SITE		
MODEL NUMBER: 50SE1A-9BCA		DEALER NAME: Highland Drilling Inc			HOMEOWNER NAME: Rick Brassie		
PUMP SERIAL NO.: 371444	MOTOR SERIAL NO.: 371444	STREET ADDRESS: Rt 1 box 40-A			STREET ADDRESS: HCl box 3-G		
PUMP DATE CODE: 20894	MOTOR DATE CODE: 20894	CITY AND STATE: Tow, Tx	ZIP: 78672	PHONE: (915) 379-9681	CITY AND STATE: Spicewood, Tx	ZIP: 78669	PHONE: () 693-2011

APPLICATION INFORMATION ONLY		CLAIM INFORMATION ONLY			
(Check or complete all that apply)		REPLACEMENT MODEL #:		SERVICE DATE:	
INSTALLATION DATE: <u>12-18-94</u>	TYPE COVERAGE:	PUMP SERIAL NO.:	MOTOR SERIAL NO.:	PROBLEM/WORK PERFORMED:	
WELL DEPTH: <u>165'</u>	<input checked="" type="checkbox"/> Parts Only	PUMP DATE CODE:	MOTOR DATE CODE:		
PUMP SETTING: <u>150'</u>	<input type="checkbox"/> Parts and Labor	MATERIALS (ATTACH RECEIPTS):			
		QTY.	DESCRIPTION	COST + 25%	AMOUNT
<input type="checkbox"/> NEW INSTALLATION	PLAN OWNER:	LABOR (IF COVERED):			
<input checked="" type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> Homeowner Above	QTY.	HOURS @ _____	AMOUNT	
	<input type="checkbox"/> Dealer Above				
		SALES TAX @ _____ %			
		TOTAL CHARGES \$			

DEALER SIGNATURE AND DATE: <u>12-18-94</u> <i>Cliff Bohannon</i>	COMMENTS: (Please note any unusual site, soil, water or installation conditions)	HOMEOWNER SIGNATURE AND DATE: <i>Rick Brassie</i> <u>12-18-94</u>
RJ DEALER #:		(If Plan Owner)

WHITE - Red Jacket, Mission, Kansas

YELLOW - Dealer

GREEN - Plan Owner

Payment must be included with this application.
(Submit white copy to Red Jacket within 30 days)