

1574 Stone Ridge Drive Stone Mountain, Georgia 30083 (770) 908-9439 Fax: (770) 908-8123

WARRANTY/DEFECTIVE REPORT

IMPORTANT

- 1. Claim must be submitted within 30 days of failure
- 2. Fill out 1 claim form for each unit and include original receipt
- 3. Hold parts at distributor/dealer for disposition instructions

Date:		Filled out D	ıy:			Distributory Dealer Name.					
Selling Dea	ler Name:	-			Selling Dealer Address:						
City:					State:			Zip:			
Customer N	lame:				Customer Address:						
City:					State:			Zip:			
BASE UNIT					OR ATTACHEMENT THAT FAIL			ED			
Model: Serial No.:			Date of Pu				Acres/Hrs Operated:				
Tractor Make & Model:				Date of Repair:		Attachments Added:					
Description	of failure/	eason for c	redit (Do no	ot say defec	tive):						
										, , <u>, , , , , , , , , , , , , , , , , </u>	
						1.77					
Dealer Sign	ature:										
Company L	lse Only:	Parts Repla	ced (Items	checked mu	ust be retur	ned to facto	ry)				
Quantiy Part No.			Description				Warranty Approved Date/ Initials		Amount		
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Warranty Labor:						Total Parts					
Hours/Description Rate					T	otal	Тс	Total Labor & Other Credits			
	•• •• ••	w					-	Tota	il Credits		
							D-4	4- 5			
							Return Par	etum Parts by: UPS			
								Commercial Carrier			
								Company Truck			
							Claim Stat				
Total Labor Allowance:								Claim Approved			
Explain & attach receipts for other credits:								Claim Pending Return & Inspection			
Total Lahor & Other Credits:								Claim Denied			