



GRAVELY LANE, CLEMMONS, NORTH CAROLINA 27012

# Warranty Claim

## No. A281820

APPLICATION FOR WARRANTY ALLOWANCE TO BE FILLED IN BY DEALER

Date of Field Approval \_\_\_\_\_

Branch or D.S.M. No. \_\_\_\_\_

Manager's Signature \_\_\_\_\_

LABOR CLAIMED	
HOURS	MINUTES

Dealer No. \_\_\_\_\_

Dealer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

GIVE COMPLETE DESCRIPTION OF WORK PERFORMED - THIS CLAIM WILL NOT BE CONSIDERED UNLESS FULL DETAILS ARE GIVEN.

NAME OF PRODUCT: \_\_\_\_\_ Part No. \_\_\_\_\_

Tractor Serial No. \_\_\_\_\_ Date Purchased \_\_\_\_\_

Engine Serial No. \_\_\_\_\_ Date Failed \_\_\_\_\_

Attachment \_\_\_\_\_ Date Repaired \_\_\_\_\_

IMPORTANT

### TO BE FILLED IN BY OWNER

Date \_\_\_\_\_

HEREBY CERTIFY THAT THIS EQUIPMENT HAS NOT BEEN DAMAGED BY MIS-USE, ABUSE, OR NEGLIGENCE, NOR HAS IT BEEN RUN WITHOUT SUFFICIENT OIL OF GRADE AND TYPE RECOMMENDED. I HAVE RECEIVED FREE SERVICE ON THE ABOVE DATE ON A WARRANTY BASIS ON THE EQUIPMENT DESCRIBED.

Owner \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_

OWNER'S SIGNATURE   X   \_\_\_\_\_

		PARTS REPLACED			BRANCH USE ONLY	
QUANTITY	PART NUMBER	DESCRIPTION	PRICE EACH	EXTENSION		

**FACTORY USE ONLY**

WARRANTY CLAIM APPROVED

WARRANTY CLAIM DISALLOWED (SEE BACK)

WARRANTY CLAIM RETURNED (SEE BACK)

BRANCH USE ONLY	TOTAL PARTS	CODE		<b>APPROVED</b> 
FACTORY USE ONLY	TOTAL LABOR	CODE	DATE	
FACTORY REMARKS		TOTAL CREDIT	APPROVED BY	

DISTRIBUTION  
 WHITE  
 YELLOW  
 PINK - - - - - BRANCH RECEIVING DEFECTIVE PARTS