



376 County Road 563
Midland City, AL 36350

Warranty Claim Form

Claim #

Dealer's Name	
Address	
City, State & Zip Code	
Dealer's Signature	Phone

Manufacturer	Purchase Date
Equipment Model	Fail Date
Serial #	Repair Date
Type of Equipment	

Customer/Owner Name	Phone
Address	
City, State & Zip Code	

Distributor	Date
Distributor Signature	

Description of Failure (Describe defect and how it affected the unit)

Work Performed (Clearly describe/explain the work required to repair the unit)	Posted Shop Labor Rate \$	Labor Time	Distributor Use Only
Totals			

Part Number	Description	Qty	Dealer Cost	Total	Distributor Use Only
Totals					

Total Labor	\$	Total Parts	\$		
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