



# Warranty Claim Form

## A

1. Warehouse # : \_\_\_\_\_

2. Dealer # : \_\_\_\_\_ Name : \_\_\_\_\_  
 Address : \_\_\_\_\_

3. Contact Name : \_\_\_\_\_ Phone : ( )- - Ext( ) Fax : ( )- -  
 Cell : ( )- - Email : \_\_\_\_\_

4. Enduser # : \_\_\_\_\_ Name : \_\_\_\_\_  
 Address : \_\_\_\_\_

## B

1. Name of Machine : \_\_\_\_\_ 2. Model: \_\_\_\_\_ 3. Serial: \_\_\_\_\_

4. Hours : \_\_\_\_\_ Hr 5. Application: \_\_\_\_\_ 6. Grade/Soil : \_\_\_\_\_  
\*Machine usage Hours

7. Requested Adjustment : \_\_\_\_\_

### 8. Failure Description :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 7. Requested Adjustment :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## C

1. Trek # : \_\_\_\_\_ 2. Supplier: \_\_\_\_\_ 3. Supplier # \_\_\_\_\_

4. Part Qty : \_\_\_\_\_ 5. Assembly code: \_\_\_\_\_ 6. Shoe width/type: \_\_\_\_\_

7. Wear % : \_\_\_\_\_ 8. Location: \_\_\_\_\_ 9. Installed Date: \_\_\_\_\_ 10. Service of hours: \_\_\_\_\_

11. Sold Invoice : \_\_\_\_\_ 12. Sold Date : \_\_\_\_\_ 13. Replacement Invoice: \_\_\_\_\_

14. Replacement Date: \_\_\_\_\_ 15. Received Date : \_\_\_\_\_