



P.O. Box 6
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Warranty Claim Form

Date:		Filled out by:		Dealer Account Number:	
Distribution or dealer name:					
Address:		City/Province:		Postal Code:	
Customer name:					
Address:		City/Province:		Postal Code:	
Base unit or attachment that failed					
Model:	Serial No.	Date of purchase/date of failure		acres/hrs operated	
Tractor make & model		Date of repairs:		Attachments added:	
Description of failure / reason for credit (do not say defective)					
Dealer signature:					

Parts replaced				
Quantity	Part No.	Description	Price	Total Price

Warranty Labor	Hours/Description	Rate	Total

Parts Total	
Labor Total	
Tax	
Freight	
Claim Total	

Warranty Claim # _____