



**P.O. Box 6  
 Centralia, Missouri 65240  
 573/682-5514 PHONE  
 573/682-5044 FAX  
 www.showmeshortline.com**

### Warranty Claim Form

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

Parts replaced				
Quantity	Part No.	Description	Price	Total Price

<b>Warranty Labor</b>	<b>Hours/Description</b>	<b>Rate</b>	<b>Total</b>
<b>Mileage</b>	<b>Number of miles</b>	<b>Rate</b>	<b>Total</b>

<b>Parts Total</b>	
<b>Labor Total</b>	
<b>Mileage Total</b>	
<b>Tax</b>	
<b>Freight</b>	
<b>Claim Total</b>	

Warranty Claim # \_\_\_\_\_