



P.O. Box 6
Centralia, Missouri 65240
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Warranty Claim Form

Date:		Filled out by:		
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		Bales/acres/hrs operated
Tractor make & model	Date of repairs:		Attachments added:	
Description of failure / reason for credit (do not say defective)				
** Must Include Photos**				
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 # _____