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Warranty Claim Form

Date:	Filled out by:	Phone Number:
Distribution or dealer name:		
Address:	City/Province:	Postal Code:
Customer name:		
Address:	City/Province:	Postal Code:
Base unit or attachment that failed		
Make:	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
Mileage	Number of miles	Rate	Total

Parts Total	
Labor Total	
Mileage Total	
Tax	
Freight	
Claim Total	

Warranty Claim # _____