



MANUFACTURER'S WARRANTY REQUEST FORM CLAIM # 0000

*CORRESPONDENCE AND PICTURES MAY BE E-MAILED TO: steve@garfieldequipment.com

| | | | | | | | | | |
|---|-------------|-------------------|--|----------------------------|------------------|------------------------------|------------------|-----------------|---------------------|
| Customer's Name & Address | | | Dealer's Name & Address | | | Distributor's Name & Address | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Manufacturer Name: Garfield Equipment | | | | | | | | | |
| Type Of Unit: | | Serial No. | | Date Of Purchase (Retail): | | | Make Of Tractor: | | |
| Model: | | No. Hours In Use: | | Date Of Breakdown: | | Model Of Tractor: | | Engine H.P. | |
| USE: Farm <input type="radio"/> Industrial <input type="radio"/> Rental <input type="radio"/> Custom <input type="radio"/> Home <input type="radio"/> | | | | | | | | | |
| Part No. | Description | | | Qty. | Source | Nature Of Defect | | List Price Each | List Price Subtotal |
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| Parts Invoice No. | | | All Labor Claims Must Be Supported By A Shop Ticket | | | | Hours Labor : | | |
| Detailed Report On Failure / General Remarks. Give Full Details. Claims With Insufficient Information Will Not Be Accepted | | | | | | | | | |
| | | | | | | | Parts Retail:\$ | | |
| | | | | | | | Less %20 | | |
| | | | | | | | Parts Net:\$ | | |
| | | | | | | | Labor: \$ | | |
| | | | | | | | FRT. \$ | | |
| Signature Dealer Service Manager | | | | | | | Date: | | |
| | | | | | | | Total:\$ | | |
| Claim Approved By: | | | Date: | | Claim Passed By: | | | | |
| | | | | | | | | | |
| Labor Hours Allowed: | | Rate Per Hour: | | | Total Labor: | | Credit Total: | | |
| | | | | | | | | | |
| Charge To: | | Credit Memo No. | | | Total Credit: | | | | |
| | | | | | | | | | |