



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			
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
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:				