

Farmco Warranty Request Form

Manufacturer

Warranty Number

Dealer Name

User Name

Address

Address

City/St/Zip

City/St/Zip

Type of Equipment

Date Sold

Model Number

Date Reported

Serial Number

Date of Failure

Farmco Invoice #

Amount Used

Description of problem; Please give reasons in detail.

Claim For:	Quantity	Part Number	Description	Unit Price
___ Shortage				
___ Warranty				

Labor Summary – Please attach copy of shop labor ticket

Labor Hours	Hourly Rate	Labor Total	Labor Paid

Settlement of Shortage or warranty will be made by replacement or repair unless otherwise specified here:

___ Approved	___ Return of warranty part(s) required – shipper responsible for freight.
___ Denied	

Request Submitted By:

Date:

*Warranty requests must be made within 30 days of failure date

FARMCO DISTRIBUTING INC

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