

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

FARMCO DISTRIBUTING INC

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