

# WARRANTY REQUEST FORM

Allen Farm Equipment, LP  
 P.O. Box 21049  
 Carson City, NV. 89721  
 Phone (775) 246-4555  
 Fax (775) 246-4512

WR#: \_\_\_\_\_

DATE: \_\_\_\_\_

**REQUEST MUST BE SUBMITTED WITHIN 30 DAYS OF FAILURE**

APPLICATION WILL NOT BE CONSIDERED IF:

\*MOST IMPORTANT: IF YOU DO NOT HAVE A COMPANY ISSUED WARRANTY REQUEST NUMBER\*

1. Warranty Registration Card is not on file.
2. All requested information is not supplied.
3. The Warranty Request is received more than 30 days after the date of failure.
4. Inspection indicates machine was operated with insufficient lubrication or improper maintenance.
5. Parts, when requested are not tagged with proper RAN# and Part Number.

Dealer Name:		Customer Name:			Salesman:	
Address:		Address:			Dealer Account No.:	
City:	State:	Zip:	City:	State:	Zip:	Date Filed by Dealer:
Date Retailed:	Machine Model No.:	Serial No.:	Tractor Make:		Tractor Model:	
Failure Date:	Date of Repair:				Tractor Horsepower:	
Description of Failure/Reason for Credit		Qty	Part No.	Part Description	Price Each	Extended Amount
DID YOU INCLUDE THE FOLLOWING:		DO NOT USE LIST PRICE - LIST PRICE WILL NOT BE CREDITED			TOTAL	\$
COPIES OF INVOICES	<input type="checkbox"/>					
COPIES OF LABOR TICKETS	<input type="checkbox"/>					
COPIES OF OUTSIDE LABOR	<input type="checkbox"/>					
COPIES OF OUTSIDE PURCHASES	<input type="checkbox"/>					
COPIES OF OTHER EXPENSES	<input type="checkbox"/>					
PICTURES OF FAILURE	<input type="checkbox"/>					
		TOTAL SHOP LABOR HOURS: @ \$85.00 PER HOUR			TOTAL	\$
		MISC. EXPENSES:				\$
		OUTSIDE LABOR:				\$
		OTHER: (DESCRIBE)				\$

AUTHORIZED SIGNATURE: \_\_\_\_\_

TOTAL REQUESTED \$