

# WARRANTY CLAIM FORM



Date:	Initiator:	Dealer Acct#:	Batco Claim #: <b>DO NOT USE</b>
Distributor Name:			Distributor Claim #:
Dealer Name:			Dealer Claim #:
Dealer Address:	City	State/Prov	Zip/PC
Customer Name:			
Customer Address:	City	State/Prov	Zip/PC

BASE UNIT OF ATTACHMENT THAT FAILED				Conveyor Registered?
Serial Number:		Date of Purchase: mm/dd/yy	/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
Make & Model:		Date of Failure: mm/dd/yy	/ /	
Acres/Hrs Operated:		Date of Repair: mm/dd/yy	/ /	

**DESCRIPTION OF FAILURE/REASON FOR CREDIT(DO NOT STATE DEFECTIVE)**

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Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARTS REPLACED(ITEMS MAY BE REQUIRED TO BE RETURNED TO FACTORY)				
Part Number	Qty	Description	Warranty Approved Y/N	Amount Approved for Warranty Credit
Parts Total				

WARRANTY LABOR					
Labor Performed By:	Description:	Rate/hr:	Approved Labor Hours Rate	Approved Labor Hours Hrs	Approved Amount
Dealer <input type="checkbox"/>					
Distributor <input type="checkbox"/>					
End User <input type="checkbox"/>					
Proof of purchase/other documents available if requested? <input type="checkbox"/> YES <input type="checkbox"/> NO			Labor Total		
Picture(s) included in claim? <input type="checkbox"/> YES <input type="checkbox"/> NO			Total Amount Credited		

Type of Use:  COMMERCIAL  PRIVATE

Product Type Conveyed: \_\_\_\_\_

Claim Result:  APPROVED  PENDING  DENIED

Was maintenance regularly performed as per operation manual?  YES  NO

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information:

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Claim form must be complete in full and submitted to Batco Mfg within 45 days of failure date.

Do not use shaded areas, for internal use only.