WARRANTY CLAIMS AND RETURN FORM

DATE _____ CLAIM # _____

MANUFACTURER _____ DEALER WORK ORDER # _____

DEALER _____ DATE PURCHASED _____
CONTACT _____ INVOICE _____
ADDRESS _____ **SERIAL #** _____
CITY _____ **MODEL #** _____
STATE _____ **ZIP** _____

CUSTOMER NAME _____ **DATE OF PURCHASE** _____
ADDRESS _____ **FAILURE DATE** _____
_____ **DATE OF REPAIR** _____

HOURS OF OPERATION _____
MODEL OF TRACTOR _____ **WARRANTY** ☐
TRACTOR HP _____ **NEW** ☐

PARTS USED TO MAKE REPAIRS

QUANTITY	PART #	DESCRIPTION	INV#	AMOUNT

PARTS $ 0.00
LABOR $ 0.00
HOURS OF LABOR _____ RATE _____ FREIGHT $ 0.00

TOTAL $ 0.00

DESCRIPTION OF REPAIRS OR REASON FOR RETURN

SIGNATURE _____

SUBMIT

BEAVER VALLEY SUPPLY INC
P O BOX 419
21366 HWY 36
E-MAIL: dave@beavervalleysupply.com
ATWOOD KS 67730
PH 800-982-1280
FAX 800-536-6263

For Beaver Valley Use Only

DATE RECEIVED AT BEAVER VALLEY _____
DELIVERY RECEIPT # _____
RETURNED BY IC X _____
DATE RETURNED TO MANUFACTURER _____
DELIVERY RECEIPT #------RGA # _____
RETURNED BY _____
CREDIT INVOICE # _____