

DEALER CLAIM NUMBER \_\_\_\_\_  
 FARROW SYSTEM NUMBER \_\_\_\_\_



CLAIM DATE \_\_\_/\_\_\_/\_\_\_  
 FAILURE DATE \_\_\_/\_\_\_/\_\_\_

SERIAL # \_\_\_\_\_ DELIVERY \_\_\_/\_\_\_/\_\_\_

DEALER INFORMATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CUSTOMER INFORMATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Model \_\_\_\_\_ Hours \_\_\_\_\_ Rental YES \_\_\_ NO \_\_\_  
 End-User Information: \_\_\_\_\_

COMPLAINT \_\_\_\_\_  
 CAUSE \_\_\_\_\_

CORRECTION \_\_\_\_\_

Parts Used In Warranty Repair				
Part No.	Description	Qty	Cost	Extended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Parts Claimed \_\_\_\_\_  
 Labor \_\_\_\_\_ @ \_\_\_\_\_  
 Mileage \_\_\_\_\_ @ \_\_\_\_\_  
 Total \_\_\_\_\_

\_\_\_\_\_  
 AUTHORIZED SIGNATURE DATE

**FAX COMPLETED FORM TO: 610-431-1674**