## **WARRANTY CLAIMS AND RETURN FORM**

DATE			CLAIM#		
MANUFACTURER		DEALER WORK ORDER #			
DEALER CONTACT ADDRESS CITY STATE	ZIP		DATE PURCHASED INVOICE SERIAL # MODEL #		
CUSTOMER NAME ADDRESS			DATE OF PURCHASE FAILURE DATE DATE OF REPAIR		
HOURS OF OPERATIO MODEL OF TRACTOR TRACTOR HP		WARRANTY NEW			
		ISED TO MAKE REPAI			
QUANTITY PART #		DESCRIPTION	INV#	AMOUNT	
HOURS OF LABOR	RATE		PARTS LABOR FREIGHT		
			TOTAL		
	DESCRIPTION OF F	REPAIRS OR REASON	FOR RETURN		
		SIGNATURE	<b>.</b>		
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		DATE RECE DELIVERY F RETURNED DATE RETU DELIVERY F RETURNED	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 #		