

DATE:		FILLED OUT BY:		DEALER ACCOUNT NUMBER:	
DISTRIBUTOR OR DEALER NAME:					
ADDRESS:		CITY:		STATE: ZIP:	
CUSTOMER NAME:					
ADDRESS:		CITY:		STATE: ZIP:	
BASE UNIT OR ATTACHMENT THAT FAILED					
	SERIAL NO:	DATE OF PURCHASE:	DATE OF FAILURE:	ACRES/HRS OPERATED:	
MODEL:		DATE OF REPAIR:		ATTACHMENTS ADDED:	
DESCRIPTION OF FAILURE/REASON FOR CREDIT (DO NOT SAY DEFECTIVE).					
DEALER SIGNATURE:					



WARRANTY CLAIM FORM



KELLY ENGINEERING
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 office@kellyengineering.com.au

- ## IMPORTANT

 1. Claim Must Be Submitted Within 30 Days of Failure.
 2. Fill out One Claim Form for Each Unit.
 3. Hold Parts at Dealer for Disposition Instructions.

PARTS REPLACED (ITEMS CHECKED MUST BE RETURNED TO FACTORY).			COMPANY USE ONLY	
QUANTITY	PART NO.	DESCRIPTION	WARRANTY APPROVED	AMOUNT

WARRANTY LABOR	HOURS/ DESCRIPTION	RATE	TOTAL
EXPLAIN & ATTACH RECEIPTS FOR "OTHER CREDITS"		TOTAL LABOR ALLOWANCE	
		OTHER CREDITS	
		TOTAL	

RETURN PARTS BY: <input type="checkbox"/> UPS <input type="checkbox"/> COMMERCIAL CARRIER <input type="checkbox"/> COMPANY TRUCK	TOTAL PARTS	
	TOTAL LABOR & OTHER CREDITS	
	TOTAL CREDITS	

CLAIM APPROVED
 CLAIM PENDING RETURN & INSPECTION
 CLAIM DENIED