



# WARRANTY CLAIM FORM

465 Griffin Blvd. Amery, WI 54001 ■ 715-263-2300 ■ [www.newbeuthling.com](http://www.newbeuthling.com)

## DEALER

COMPANY

ADDRESS

## DETAILS

RMA #

DATE

MODEL

SER. NO.

CUSTOMER NAME: \_\_\_\_\_ FAILURE DATE: \_\_\_\_\_ HOURS: \_\_\_\_\_

WORK PERFORMED: \_\_\_\_\_

LABOR HOURS: \_\_\_\_\_ @ \$85 TOTAL: \_\_\_\_\_

PARTS CLAIMED						RETURNED	
QTY	PART NO.	DESCRIPTION	PRICE	INVOICE	EXTENSION	YES	NO

SIGNATURE

DATE

TOTAL PARTS:  
TOTAL LABOR:  
TOTAL CLAIM: