WARRANTY CLAIM FORM

Submit Claim to:	M-B Companies Attachment Division/Power Broom Brush Replacements 1615 Wisconsin Avenue New Holstein, WI 53061 800-558-5800 • Fax (920) 898-4588	M-B REPAIR ORDER #	
		CUST WORK ORDER #	

DEALER COMPANY INFORMATION	CUSTOMER COMPANY INFORMATION
CO. NAME	CO. NAME
ADDRESS	ADDRESS
CONTACT	CONTACT
PHONE#	PHONE#

FAILURE DATE	REPAIR DATE
PRODUCT MODEL	SERIAL #
HOURS ____ MILES ____	CUSTOMER UNIT #

REASON FOR CLAIM

CORRECTIVE ACTION TAKEN

QTY	PART #	DESCRIPTION	INVOICE #	NET PRICE

DEALER/CUSTOMER AUTHORIZATION		TOTAL PARTS	
SIGNATURE	TOTAL LABOR	HOURS ____ @ ____ PER HR	
TITLE		WARRANTY CLAIM TOTAL	

RETURN FIRST & SECOND COPY TO M-B. ***RETAIN*** THIRD COPY FOR YOUR RECORDS.

M-B Form #013