

Pre-Approval Required for any Parts and Labor Warranty Claims



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

M-B Company Warranty Policy Labor Rate is \$75.00 per hour

DEALER/CUSTOMER AUTHORIZATION		TOTAL PARTS	
SIGNATURE _____	TOTAL LABOR	HOURS _____ @ \$75.00 PER HR	_____
TITLE _____	WARRANTY CLAIM TOTAL		_____