

Date: Filled Out By: Dealer Code:



John Day Company

Dealer Name:
 Address: City, St, Zip
 Phone

Customer Name:
 Address: City, St, Zip
 Phone

**WARRANTY
CLAIM FORM**

Omaha 800-326-1460 fax
 Milan 800-326-5330 fax
 RWF 800-326-4750 fax
agsales@johnday.com

Base Unit or Attachment That Failed

Model	Serial #	Purchase Date	Failure Date	Acres/Hours Operated
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor Make/ HP	Date of Repair	JDC Invoice #	Other	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

RGA #
 Rec'd by:

Description of Failure / Reason for Credit

Important

1. Claim must be submitted within 30 days of failure.
2. Fill out one **Claim Form** / unit
3. Hold parts at dealer for disposition instructions.
4. Pictures are required for each claim.

Dealer Signature:

Parts Replaced

Quantity	Part #	Description	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			\$ -

Warranty

Labor	Hours / Description	Rate	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			\$ -

Total Parts	\$ -
Total Labor	\$ -
Total Other	\$ -
Total Credit	\$ -

Other Credit	Description	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		\$ -

Claim Pending	<input type="text"/>
Claim Denied	<input type="text"/>
Claim Approved	<input type="text"/>
Claim Complete	<input type="text"/>
Pictures Attached	<input type="text"/>
Original Invoice Attached	<input type="text"/>

Factory may require parts to be returned to John Day Company.
 Please hold onto required parts until claim is closed.