



# WARRANTY REQUEST FORM

Please submit this form before any work is done for approval.

Complete form in full.

Send to: [warranty@grouser.com](mailto:warranty@grouser.com) or Fax: 701.282.8131

*Grouser will only cover parts and shipping at the dealerships invoice cost, minus any early payment discount that was taken, when parts are ordered without knowledge of warranty in advance?*

DEALER INFORMATION		CUSTOMER INFORMATION		MUST COMPLETE	
Name		Name		Date of failure	
Address		Address		Date of repair	
City		City		Repair in Field <input type="checkbox"/>	
State/Province		State/Province		<b>Parts are:</b>	
Zip/Postal Code		Zip/Postal Code		Available for return <input type="checkbox"/>	
Phone		Phone		Returned to factory <input type="checkbox"/>	
Service Mgr:		Contact:			

PRODUCT INFORMATION	
Product Series (Check)	<input type="checkbox"/> 240 <input type="checkbox"/> 240i <input type="checkbox"/> FH-400 <input type="checkbox"/> FH-440 <input type="checkbox"/> Classic <input type="checkbox"/> Silage Special <input type="checkbox"/> HD <input type="checkbox"/> 1300 <input type="checkbox"/> 1300U <input type="checkbox"/> Flex-Plane <input type="checkbox"/> Bar Track <input type="checkbox"/> Soft Track <input type="checkbox"/> FH Hard Track <input type="checkbox"/> EX/FX Hard Track
Blade Serial #	Undercarriage Serial#
Machine Model #	Hours of Service
Date of Sale	In Service Date

NATURE OF WARRANTY REQUEST Attach Supporting Documentation. ie. Pictures, Invoices or Receipts	TOTAL CLAIM REQUEST	
	Parts Total	
	Labor Total (Detailed attached)	
	Labor Rate/ Hr	
	Freight Total	
	Total Claim	
	<b>OFFICE USE</b>	
	Warranty: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
	Cost charge to: <input type="checkbox"/> Grouser <input type="checkbox"/> Vendor	
	Credit #	
	Total approved Claim	
RGA#		