

RICHEY EQUIPMENT INC.

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FAX 1-888-696-7637

WARRANTY APPLICATION

CLAIM # _____ DATE: _____
DEALER'S NAME _____ PHONE # _____
DEALERS'S ADDRESS _____
OWNER'S NAME _____ PHONE # _____
OWNER'S ADDRESS _____
MACHINE TYPE _____ MODEL NO. _____ SERIAL NO. _____
DATE OF DELIVERY _____ DATE OF FAILURE _____
HOURS / ACRES OF USE _____
WORKING CONDITIONS (SOIL, CROP, HOW USED) _____

MAKE AND MODEL OF TRACTOR APPROX. HORSE POWER _____
DESCRIPTIONS OF FAILURE (GIVE DETAILS - DO NOT STATE DEFECTIVE) _____

LABOR HOURS: _____

PARTS CLAIMED BY PART NUMBERS AND DESCRIPTIONS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE _____ APPLICANT'S NAME _____

— FACTORY DECISION —

PLEASE NOTIFY US PROMPTLY OF YOUR HANDLING INSTRUCTIONS

APPROVED _____ DISAPPROVED _____ REASON FOR DISAPPROVAL _____

FACTORY CREDIT MEMO _____ DATE _____

DISPOSITION OF PARTS:

SCRAP _____ RETURN _____ HOLD _____

DATE _____ SIGNATURE _____