MORBARK - WARRANTY DEPARTMENT

8507 S. Winn Road • Winn, MI 48896 • (989) 866-8180 • Fax: (989) 866-2760

INTERNET COPY

Parts Warranty Claim

PACKING SLIP

DATE _____ PHONE NUMBER _____ FAILURE DATE _____

DEALER NAME _____ ADDRESS _____

UNIT _____ MODEL NUMBER _____ SERIAL NO. _____

IMPORTANT
Hours on Unit _____

CUSTOMER NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____

MACHINE DELIVER DATE _____ CUSTOMER COMPLAINT _____

CUSTOMER COMPLAINT MUST BE FILLED OUT IN DETAIL OR CLAIM WILL BE DENIED

QUANTITY	PART NUMBER	DESCRIPTION	DEALER NET PRICE EACH		TOTAL	
				TOTAL CLAIM		

1. COMPLETE THE MORBARK WARRANTY CLAIM FORM IN DETAIL. IF THE INFORMATION IS NOT COMPLETE, THE CLAIM **WILL NOT** BE PROCESSED OR CREDIT ISSUED.
2. ATTACH ANY SERVICE REPORTS OR INVOICES THAT PERTAIN.
3. REMOVE THE GOLDENROD COPY AND RETAIN AT YOUR PLACE OF BUSINESS FOR FUTURE REFERENCE.
4. TAKE THE PINK COPY OF THE PARTS WARRANTY CLAIM FORM AND ATTACH TO THE OUTSIDE OF THE CARTON AS A PACKING SLIP.
5. SHIPPING COST MUST BE PREPAID ON ALL RETURNED WARRANTY PARTS.
6. PLACE THE REMAINING COPIES OF THE PARTS WARRANTY FORM IN AN ENVELOPE AND MAIL TO MORBARK - WARRANTY DEPARTMENT.
7. IN **BOLD** PRINT MARK THE OUTSIDE OF THE CARTON **"WARRANTY PARTS RETURN"**.
8. ADDRESS THE SHIPMENT TO:

   MORBARK - WARRANTY DEPARTMENT
   8507 S. WINN ROAD
   WINN, MICHIGAN 48896

IMPORTANT
THIS CLAIM WILL NOT BE PROCESSED WITHOUT A MORBARK PARTS INVOICE ATTACHED.

AUTHORIZED BY: _____

FACTORY USE ONLY:

AUTHORIZED BY:

TOTAL CREDIT ALLOWED TO DEALER:

DISPOSITION OF PARTS: DISPOSE ____ RETURN ____

MORBARK WILL NOT RECOGNIZE A CLAIM FILED OVER 30 DAYS FROM DATE OF FAILURE