



Claim Number

WARRANTY CLAIM

Request for Credit (Whole Good Warranty Claim Use Only) Please Print or Type

Dealers Name and Address

Date

Customers Name and Address

Model

Serial Number

Date of Retail Sale

Date of Failure

Scale Serial Number

Warranty Registration Card Submitted

☐ Yes ☐ No

Description of the failure. Please include p/n and description of key part that failed. Submission of photos is highly encouraged. Please note if product was loaded/empty during repair and where the repair was completed (dealership/farm, etc.)

FILL OUT ITEMIZED PART INFORMATION ON NEXT PAGE**THIS SECTION COMPLETED BY ART'S WAY MANUFACTURING****Total Parts****Total Labor and Other Credits****Total Credits**

Approved By

AR USE ONLY

Account Number

Batch Number

Credit Memo Number

Date Issued

CLAIM VALUE REDUCED FOR:

Labor

Parts

Freight

Travel Time

Outside Service

Fill out completely and return to:Sales@artsway.com**Phone: (712) 208-8467****Art's Way Mfg. Co., Inc., PO Box 288, Armstrong, IA 50514**



Invoice No. of Warranty Parts						
Please include with submitted claim, all invoices of repair parts purchased from other than Art's Way and any invoice(s) for repairs performed by an outside service.						
Qty.	Part No.	Description	Unit Price	Net Amount	Net Total	Other
Total Parts						

Warranty Labor	Hours/Description		Rate	Total
	Dealership			
	Out-Sourced			
	Other			
	Other			

Customer Signature

Dealer Signature

Arts's Way Representative Signature