



DATE OF CLAIM: _____

RMA # _____

WARRANTY CLAIM FORM

- ALL INFORMATION REQUIRED TO PROCESS
- FILL OUT AND MAIL OR E-MAIL BACK TO DALTON AG, INC.

CONTACT INFORMATION:
 JOE CONLEY , PARTS MANAGER
 EMAIL: SHIPPING@DALTONAG.COM
 PHONE: 800.342.749 FAX: 641.333.4429

CUSTOMER DETAILS	
DATE OF FAILURE:	WORK ORDER# (IF APPLICABLE):
COMPANY:	CONTACT:
ADDRESS:	PHONE:
CITY:	EMAIL:
STATE:	PO #:
INVOICE #:	SERIAL # (EQUIPMENT ONLY):

FAILURE DESCRIPTION

PRODUCT DETAILS			
PART #	QTY	DESCRIPTION	COST
TOTAL			\$

PART REIMBURSEMENT (CHECK ONE)	
	CREDIT
	REPLACEMENT

SHIP TO: IF OTHER THAN DEALERSHIP
NAME:
ADDRESS:
CITY/STATE/ZIP:

LABOR EXPENSE			
HRs	RATE	TOTAL	DESCRIPTION
TOTAL			\$

Total Claim Amount		
PARTS	LABOR	TOTAL
\$	\$	\$