



WARRANTY CLAIM FORM

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

CONTACT INFORMATION:
 Carly Simon, PARTS MANAGER
 EMAIL: CSIMON@DALTONAG.COM
 PHONE: 641.670.5005

CUSTOMER DETAILS	
COMPANY:	CONTACT:
ADDRESS:	PHONE:
CITY:	FAX:
STATE:	PO #:
Invoice #:	SERIAL # (EQUIPMENT ONLY):

FAILURE DESCRIPTION

PRODUCT DETAILS		
PART #	QTY	DESCRIPTION

LABOR EXPENSE			
HRs	RATE	TOTAL	DESCRIPTION

REIMBURSEMENT (CHECK ONE)	
<input type="checkbox"/>	CREDIT
<input type="checkbox"/>	REPLACEMENT

SHIP TO:
NAME:
ADDRESS:
CITY/STATE/ZIP:

Total Claim Amount		
Parts	Labor	Total
\$	\$	\$