



WARRANTY CLAIM FORM

Dealer: _____ Distributor: _____

Product: _____ Model: _____ Serial Number: _____

Owner Name and Address: _____

Date of Purchase: _____ Original Sales Invoice No. : _____ Claim No. : _____

Uses: (check one) Agricultural Contractor Rental Home Owner / Hobby Industrial

Estimated Hours of Use: _____ Type of Work and Conditions: _____

Type of Tractor Used: _____ Model: _____ H.P. Rating: _____

Please describe nature of defect and cause of failure: _____

This machine has been restored to working condition Yes No

Date: _____ Signature: _____

Qty.	MTB Part No.	Description	MTB Invoice No.	Amount Claimed	MFG. Use Only
		Labour (Hours) Claimed			
			Total		

- Please complete form and return to MTB MFG. INC. within 90 days of date of failure **along with defective parts**. It is the dealer's responsibility to return the parts to MTB MFG. INC.
- Include Serial Number of this unit, copy of original Bill of Sale to End User, and copies of any invoices or packing slips for items being claimed on this claim.