Warranty Claim Form

NO warranty claims are paid without prior written approval by Lankota Group. Read Statement of Limited Warranty for limitations.

Dealership:

Address:

City: **State:**

ZIP

Name:

Phone:

270 West Park Avenue
Huron, SD 57350
P: 866.526.5682
F: 605.352.2927

UNIT OR ATTACHMENT THAT FAILED

Part No.	Invoice No.	Date of Purchase	Date of Failure

Serial No.	Date of Repair	Repaired By

DESCRIPTION OF FAILURE/REASON FOR CREDIT

Signature:

IMPORTANT

1. Claim must be submitted within 30 days of failure.
2. Hold parts at Dealer Location for disposition instructions.
3. Claims will be considered within 15 days of receipt of claim form and returned parts.

COMPANY USE ONLY		
Warranty Approved		**Amount $**
Total Labor and Other Credits		
Total Credits		

PARTS REPLACED

(ITEMS CHECKED MUST BE RETURNED TO FACTORY)

Quantity	Part No.	Description

Labor Hours	Description	Rate $45/HR	Total
		Total Labor $:	

RETURNS PARTS BY	
UPS	
FED EX	
Freight	

Claim Approved: _____

Claim Pending: _____

Return & Inspection: _____

Claim Denied: _____