

## **Request for Warranty Application Form**

Please return to warranty@agrowplow.com

Dealer:	Customer:			
Address:	Address:			
7.00.	7.00.000			
Phone	Phone			
Invoice No.	Product:			
Date of Sale:	Descriptions			
Date of Sale.	Description:			
Date of Failure:	Serial No.			
Detailed Nature of Fault:				
Proposed Repair Plan & Parts Request:				
Action Taken:				
Additional Comments:				
I (purchaser) understand that Agrowplow reserve the right to inspect and decide whether material or workmanship				
was the fault or whether abuse or accident voids our warranty. All warranties must be approved by Agrowplow prior				
to rectifying the identified issue.				
Claimant's Name:	Dated:			
Signature: Please Print				
OFFICE	ISE ONLY			
Office of	- CALL			
Claim Approved/ Claim denied; Reason:				
<del></del>				
Additional Comments:				
Cimphung	B. L. J.			
Signature: Name:	Dated:			
Please Print				