



Warranty Claim Form

Amadas claim number

Dealer name	Owner's name	Machine model number	Date claim written
Dealer Address	Owner's address	Machine serial number	Delivery date of machine
Dealer City, State, Zip	Owner's city, state, zip	Dealer workorder number	Date of repair

Detailed report of repair, please attach copy of dealer work order or supporting documents; if additional space is needed, attach separate sheet

Quantity	Item number	Description	Dealer price	Amadas list*	Warranty cost	Extended	FACTORY USE ONLY	
								Approved Denied
								Reason for denial
Labor hours		Shop rate						
Authorized dealer signature					Total			
				* Dealer prices will be adjusted to Amadas published list parts prices for all warranty parts				