

# Warranty Claims Form

IMPORTANT: 1. Claim must submitted within 15 Days of Failure 2. One Unit per Claims Form 3. Hold Parts at Dealer for Disposition Instructions



**Superior Grain Equipment**

5069 168th Ave SE

Kindred, ND 58051

Phone # 1-800-822-9145 Fax # 1-701-428-3830

**Customer:** \_\_\_\_\_ **Dealer:** \_\_\_\_\_  
*Please Print Name: (Last) (First) Please Print Name:*

**Address:** \_\_\_\_\_ **Date of Claim:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Street Town State Zip MM/DD/YY*

**Date of Failure:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Purchase Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PO Number:** \_\_\_\_\_  
*MM/DD/YY MM/DD/YY*

**Unit Type:** \_\_\_\_\_ **Model Number:** \_\_\_\_\_ **Serial Number:** \_\_\_\_\_  
*(Bin, Door, Unload, etc.)*

**BU/Hrs Operated:** \_\_\_\_\_

**Detailed Description of Failure:**

*NOTE: "Broken" or "Defective" is an Insufficient Description for Warranty Purposes and will be rejected.*

**To Be Completed by Superior Grain Equipment.**

**CRM#** \_\_\_\_\_ **File#** \_\_\_\_\_ **Warranty Claim Status:** Accepted  Rejected  **Initial:** \_\_\_\_\_

**Parts Disposition:**

Part Number:	Part Description:	Quantity:

Return at Customers Expense:  Return Prepaid:  Field Destroy:

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ *(MM/DD/YY)*

**Dealer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ *(MM/DD/YY)*

**Warranty Officer:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ *(MM/DD/YY)*