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)*