



RETURN FORM TO:
 PRODUCT SUPPORT
 P.O. BOX 26097
 REGINA, SASKATCHEWAN, CANADA S4R 8R7
 FAX: 306-337-4441
 E-MAIL: STUART@RITEWAYMFG.COM

WARRANTY CLAIM FORM

DATE:

DEALER NAME AND ADDRESS			CUSTOMER NAME AND ADDRESS		
MACHINE		MODEL		SERIAL #	
DATE OF FIRST USE			DATE PARTS REPLACED		
CAUSES OF FAILURE AND STEPS TAKEN TO PREVENT RE-OCCURRENCE:					
QUANTITY	PART #	DESCRIPTION OF PART	PRICE	PURCHASED ON INVOICE #	OFFICE USE ONLY
LABOUR HOURS CLAIMED (Attach copy of work order)					
HOURS	AT RATE OF		TOTAL LABOUR CHARGED		
DEALERSHIP SIGNATURE			RITEWAY SERVICE DEPT. SIGNATURE		
APPROVED	PARTIAL REJECTION	REJECTION	PARTS CREDIT	LABOUR CREDIT	TOTAL CREDIT ISSUED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CREDIT ISSUE ON INVOICE #					
SERVICE DEPARTMENT COMMENTS					