WARRANTY CLAIM REPORT

(Follow Equipment Manufacturer's Published Instructions) **W07-_____**

Manufacturer: Swisher Mower & Machine Co. Repair Date:_____

1. Owner's Name:		2. Product Model No:	Serial #:
Street Address:		Engine/Transmissioin Model No:	Type,Serial,Spec No:
City, State:	Zip Code:	Type of Equip:	Hrs Used:
Owner's Signature:	Phone:	How Used:	Date Failed:

3.Distributor:		4. Unit Purchased From:	Date:
City, State:	Zip Code:	Street Address:	
Signature:		City, State:	Zip Code:

5.Probable Cause of Failure (The Word "Defective" Is Not Sufficient)

6. Work Performed

7. Warranty Credit
Labor
Parts
_____%
Total Credit:

8. Qty.	Part No.	Description	Price	Total	Hours	Factory Use
					Total Hrs.	

9. Factory Use Only
A
B
C
D

10. Warranty Performed By			11. Authorized Service No.
Firm Name:			
Address:			Factory Use
City:			
State:	Zip Code:	Phone:	
Signed:			

NOTE: MUST BE SUBMITTED PER MANUFACTURER'S INSTRUCTIONS WITHIN 30 DAYS FROM DATE OF REPAIR

Please mail forms to: Swisher Mower & Machine Co.
P.O. Box 67
Warrensburg, MO 64093

fax: (660) 747-3160