WARRANTY CLAIM REPORT
Swisher Acquisition, Inc. (SAI)
Proud Manufacturer of Swisher Products
(Follow Equipment Manufacturer's Published Instructions)

Manufacturer: SAI **Repair Date: _____**

Owners Name		**Product Model No.**	**Serial No.**
Street Address		Engine Model No.	Type, Serial, Spec. No.
City, State	ZIP Code	Type of Equipment	Hrs.Used
Owner's Signature	Phone	How Used	Date Failed

Distributor		Unit Purchased From	Date
City, State	ZIP Code	Street Address	
Signature		City, State	ZIP Code

Probable Cause of Failure (The word "Defective" is not sufficient)

Work Performed

Warranty Credit
Labor
Parts
____%
Freight
Total Credit

Quantity	Part Number	Description	Price	Total	Hours
					Total Hrs.

Factory Use Only	Warranty Performed By		Authorized ID
	Firm Name		
	Address		
	City	Phone	
	State	ZIP Code	
	Signed		

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

Please mail forms to:
SAI
1602 Corporate Drive
Warrensburg, MO 64093

Fax Number:
(660) 747-3160