

Product Replacement Work Form

This form is to be completed and attached to the warranty claim

Dealer Details

Dealership Name:	
Salesperson:	
Address:	
Phone Number:	
Email Address:	

*By checking this box, I confirm that the customer is aware and consents to the provision of their personal information as per the Kelly Personal Data Collection Practices.

Customer Details

Name:	
Address:	
Phone Number:	
Email Address:	

Kelly Tillage System Details

Machine Serial Number:	
Date of Completion:	
Type of repair or replacement work(s) completed; (ie technical bulletin #):	



By signing below, I acknowledge that repair/replacement works were completed as instructed by Kelly.

Signature:		Date:	
Name:			

***Personal Data Collection Practices**

The information that you provide will be used by Kelly Engineering to contact you with relevant information about our business, products and services. We will hold this information as necessary and may pass it on to our dealers and associates in the interests of providing you with personalised customer service. Your information is your property, and you retain the right to request access, transferral and rectification and erasure of it, as well as the right to withdraw consent to our use of it and the right to lodge a complaint with a Data Protection Authority (DPA).

