

Product Replacement Work

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

Dealer Details				
Dealership:				
Name:				
Address:				
Phone number:				
Email Address:				
Customer Details				
Name:				
Address:				
Phone number:				
Email Address:				
Kelly Tillage System Details				
Machine serial number:	Date works	completed: _	//_	
Type of Repair or replacement works completed; ((ie tech bulletin #): _			
By signing below I acknowledge that repair/ repla Engineering.	cment works were o	completed as i	nstructed by K	elly
Signature:	Date:	/	/	
Name:				
Return acknowledgment (For Kelly use only)				_
Signed:	Date:			
Name:				
KFFM275	Issue A			10/05/2018