



**ARTEX**  
ALMOST AS TOUGH AS FARMING.

# WARRANTY REQUEST FORM

PLEASE PRINT - SUBMIT WITHIN 30 DAYS

Dealer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer Account Number: \_\_\_\_\_  
Salesman: \_\_\_\_\_

Machine Model Number: \_\_\_\_\_ Date Retailed: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Failure Date: \_\_\_\_\_ Date of Repair: \_\_\_\_\_  
Tractor Make: \_\_\_\_\_ Tractor Model: \_\_\_\_\_ Date or Report: \_\_\_\_\_

Description of Failure / Reason for Credit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QTY:	ARTEX PART NUMBER	PART DESCRIPTION	DEALER NET		ORIGINAL INVOICE (IF APPLICABLE)	DEALER STOCK (YES/NO)
			EACH	TOTAL		

**SHOP TICKET MUST BE ATTACHED**

Dealer Signature: \_\_\_\_\_ Labor Hours: \_\_\_\_\_  
Date: \_\_\_\_\_ Labor Rate: \_\_\_\_\_  
Labor Total: \_\_\_\_\_  
Total Credit: \_\_\_\_\_

Original Buyer (By checking this box, you are claiming to be the original buyer. This warranty does not extend to second buyers.)

## DISPOSITION OF CLAIM

Claim Approved \_\_\_\_\_ Date: \_\_\_\_\_  
Claim Pending Return & Inspection \_\_\_\_\_ Date: \_\_\_\_\_  
Claim Denied \_\_\_\_\_ Date: \_\_\_\_\_

Approval to Return Parts: \_\_\_\_\_

## WARRANTY REGISTRATION

YES \_\_\_\_\_ NO \_\_\_\_\_

Return Parts to:

**Artex Manufacturing**  
**36419 US Hwy 71**  
**Redwood Falls, MN 56283**