

FAILED PART WARRANTY REQUEST NO: _____
 WARRANTY REQUEST FORM TO ACCOMPANY FAILED PARTS*
 (PLEASE TYPE OR PRINT)

FAST AG Solutions
 4130 Commerce Blvd
 Windom, MN 56101

Phone: 507.427.3861
 Fax: 507.427.3030
 Toll Free: 800.772.9279

DEALER NAME _____ **DEALER ID** _____ **DATE** _____

ADDRESS _____ **PURCHASER NAME** _____

CITY _____ **STATE** _____ **ZIP** _____ **ADDRESS** _____

DEALER PHONE _____ **CITY** _____ **STATE** _____ **ZIP** _____

DEALER FAX _____ **CUSTOMER PHONE** _____

MODEL	SIZE	SERIAL NO.	DELIVERY DATE	FAILURE DATE	REPAIR DATE
_____	_____	_____	____/____/____	____/____/____	____/____/____

ITEM	QTY	PART NUMBER	DESCRIPTION	COST
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

COMPLAINT
CAUSE
CURE

WARRANTY LABOR _____ X HRS _____ = _____

TOTAL PARTS ALLOWED _____
TOTAL PARTS DENIED _____
TOTAL LABOR ALLOWED _____
TOTAL LABOR DENIED _____
CLAIM DENIED BECAUSE:
____ NOT DEFECTIVE
____ WARRANTY EXPIRED
____ WARRANTY REQUEST INCOMPLETE
____ INCLUDED IN DISCOUNT
____ OTHER

DEALER SIGNATURE _____ **TITLE** _____ **DATE** _____

ORIGINAL COPY = DEALER'S COPY • SECOND COPY = SEND WITH DEFECTIVE ITEM



54859 County Road 44
 Mt Lake, MN 56159

*Contact Fast for further instructions if unable to return failed parts.

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