Date:	Filled out by	<i>r</i> :	Authorized Return No.				THE		
Distributor or Dealer Name:								RIES	
Address:		City:	State:	Zip:				4-4622	
Customer Nar	ne:							1-40 22 2-9717	
Address:		City:	State:	Zip:					
ВА	SE UNIT OR	ATTACH	MENT TH	AT FAILE	ED.	\A/A E		NITV	
Model:	Serial No.	Purchase Date						NTY	
Tractor Make	& Model:	Tractor Year:	Horsepowe	Date of	Repair:	CLA	IM F	ORM	
DESCRI	PTION OF FAILURE/	REASON FOR	CREDIT (DO N	OT SAY DEFEC	CTIVE).	IMP	ORT	ΔNT	
						IMPORTANT			
							1. Claim Must be Submitted Within 30 Days of Failure.		
							2. All Claims Must be Called		
							In To Receive a Return		
							Number.		
							3. Fill Out One Claim Form for Each Unit.		
						4. Hold Parts At Dealer for			
							Disposition Instructions.		
DEALER SIGNATURE:						5. All Claims Must Have Serial Numbers			
PARTS REPLACED (ITEMS CHECKED MUST BE RETURNED TO FACTORY).									
QUANT	TITY PART NO).	DESCI	DESCRIPTION				AMOUNT	
	HOUSE/DESCF	PURTION	RATE	TOTAL	-	TOTAL PARTS	:		
WARRANTY LABOR	HUUGL/DLGGI	(IPTION	RAIL	RATE TOTAL		OTAL LABOR & OTHER			
						CREDITS TAL CREDITS			
				 	RETURN				
					BY:	BY: RESOLUTION		JTION	
				+ +	UPS	UPS CLAIM APPROVED			
			TOTAL LABOR ALLOWANCE	COMMERCIAL CLAIM PENDING CARRIER RETURN & INSPEC					
EXPLAIN & ATT	TACH RECEIPTS FOR *OTHE	R CREDITS*	OTHER CREDITS		COM	COMPANY CLAIM DENIED			
			TOTAL		TRUC	TRUCK CLAIM DENIED			