DATE:	FILLED OUT BY:	ACI Claim Number:
DEALER NAME:		
ADDRESS:	CITY:	STATE: ZIP:
CUSTOMER NAME:		
ADDRESS:	CITY:	STATE: ZIP:

FEMA

WARRANTY CLAIM FORM

ACI Distributors

3220 Airport Rd.
St. Charles, MO 63301
Telephone: (636) 947-4457
Telephone: (800) 237-0562
Fax: (636) 947-6048

IMPORTANT

1. Claim Must Be Submitted Within 30 Days of Failure.
2. Fill out One Claim Form for Each Unit.
3. Hold Parts at Dealer for Disposition Instructions.

BASE UNIT OR ATTACHMENT THAT FAILED

MODEL:	SERIAL NO:	DATE OF PURCHASE:	DATE OF FAILURE:	ACRES/HRS OPERATED:

TRACTOR MAKE & MODEL:	DATE OF REPAIR:	Equipment Make:

DESCRIPTION OF FAILURE/REASON FOR CREDIT (DO NOT SAY DEFECTIVE).

DEALER SIGNATURE:

PARTS REPLACED (ITEMS CHECKED MUST BE RETURNED TO FACTORY).

QUANTITY	PART NO.	DESCRIPTION	COMPANY USE ONLY: WARRANTY APPROVED ✓	AMOUNT

WARRANTY LABOR	HOURS/ DESCRIPTION	RATE	TOTAL
	HOURS		$0.00
	DESCRIPTION OF REPAIR		
	TOTAL LABOR ALLOWANCE		
EXPLAIN & ATTACH RECEIPTS FOR "OTHER CREDITS"	OTHER CREDITS		
	TOTAL		$0 00

RETURN PARTS BY:

- ☐ UPS
- ☐ COMMERCIAL CARRIER
- ☐ COMPANY TRUCK

TOTAL PARTS	$0.00
TOTAL LABOR & OTHER CREDITS	$0.00
TOTAL CREDITS	$0.00

- ☐ CLAIM APPROVED
- ☐ CLAIM PENDING RETURN & INSPECTION
- ☐ CLAIM DENIED

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