



AGPOINT AUSTRALIA

PO Box 5, Freeling SA 5375



WARRANTY CLAIM FORM

DATE:

RTS (Return to sender) No:

	Distributor	Dealer	Client
Name			
Address			

Make & Model of Implement:

Number of Tines / Discs fitted to the implement:

Type of Country: SAND CLAY LOAM

Working Conditions: FALLOW NEW GROUND

STUMPS STONES

DRY MODERATE WET

Date of Purchase Hectares Worked: Date/s worked:

Quantity Claimed: Part No: Size: Description:

Full description of Claim:

Sketch the part & fault:

Returned sample/s Despatched Details

Date: To: Per Con note No

OFFICE USE ONLY

W.NO _____ CC.NO _____

Reason for claim being either accepted or rejected: _____

Prepared by: _____ Date: _____ Approved by: _____ Date: _____