FELLING® TRAILERS INC.

1525 Main Street South
Sauk Centre, MN 56378
Toll Free: 1-800-245-2809
Phone: (320) 352-5239
Fax: (320) 352-5230

WARRANTY CLAIM REPORT

RMA #:

Dealer Name / Phone #	Model # / Date Sold
Address	Serial # / Date Repaired
City / State / Zip Code	Warranty Labor Hours to Repair
Owner Name / Phone #	
Address	
City / State / Zip Code	

WARRANTY CLAIM VALID ONLY IF SUBMITTED WITHIN 30 DAYS OF REPAIR DATE

ALL LABOR REQUESTS MUST BE ACCOMPANIED BY SHOP TICKET

Part #	✓	Part Name or Desc.	Qty.	Price	Amount

✔ PLEASE RETURN PARTS — ALL PARTS RETURNED MUST BE ASSEMBLED IN CLEAN CONDITION & PROPERLY TAGGED ALONG WITH COPY OF THIS CLAIM TO RECEIVE CONSIDERATION FOR CREDIT.

Please Explain Failure & Steps To Correct:

FACTORY USE ONLY

DATE SHIPPED IN: _____

DATE FAXED IN: _____

❑ OUTSIDE PARTS OR REPAIRS

@ | $ _____

@ | $ _____

❑ LABOR HOURS

@ | $ _____

❑ CLAIM PENDING PARTS RETURN & INSPECTION OF PARTS CHECKED

DATE: _____

❑ RETURN CLAIM FOR:

DATE: _____

❑ WARRANTY REGISTRATION REPORT

❑ MORE INFORMATION

❑ CORRECT PARTS NUMBERS

❑ OTHER: _____

❑ CLAIM DENIED:

DATE: _____

❑ OUT OF WARRANTY

❑ PARTS REQUESTED WERE NOT RETURNED

❑ PARTS RETURNED ARE NOT DEFECTIVE OR INCORRECT

❑ REPAIR IS CONSIDERED NORMAL MAINTENANCE

❑ OTHER: _____

Date: _____

Warranty Paid: _____

Comments: _____