



Warranty Claim Form

AgriBusiness International, Inc.
70 Grady Knight Industrial Court
Villa Rica, Georgia 30180
Phone: (770) 459-4401
Fax: (770) 459-6877

www.abi-irrigation.com

DATE	DEALER NUMBER	ABI ORDER NUMBER
------	---------------	------------------

DEALER NAME			CUSTOMER NAME		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE			PHONE		

TYPE OF EQUIPMENT: _____ MACHINE TYPE: _____

SERIAL NUMBER: _____ DATE OF DELIVERY: DEALER ____/____/____ CUSTOMER ____/____/____

DEFECTIVE PART: _____

(DEFECTIVE PARTS MUST HAVE DESCRIPTION AND PART NUMBERS TO IDENTIFY PART(S)).

DESCRIPTION OF FAILURE:

HOURS TAKEN TO COMPLETE REPAIR(S): _____	<p>GRN NUMBER: _____</p> <p>Goods Return Number must be obtained from the Service Department at ABI and must be attached to the item being returned for credit, items being returned will only be accepted prepaid. All warranty claims must be made within 30 days of failure together with defective parts. (NO EXCEPTIONS)</p>	
PARTS REQUIRED FOR REPAIR(S):		
PART NUMBER		DESCRIPTION

FOR OFFICE USE ONLY

RECOMMENDED HOURS FOR REPAIR(S): _____ WARRANTY: ACCEPTED REFUSED (CIRCLE ONE)

REASON(S) FOR REFUSAL: _____

SIGNED: _____ DATE: ____/____/____

APPROVED BY: _____ DATE: ____/____/____