

WARRANTY CLAIM FORM

ALL ITEMS IN RED
ARE REQUIRED

For 250, 350 and MK1 parts return, send to:
 Broce Manufacturing Company, Inc.
 1460 S. Second Avenue
 Dodge City, KS 67801
 Phone: (620) 227-8811 Fax: (620) 227-3012

For 260 parts return, send to:
 Waldon Equipment
 201 W. Oklahoma Avenue
 Fairview, OK 73737
 Phone: (580) 227-3711 Fax: (580) 227-2165

For questions regarding your claim, you can also email: mgall@brocebroom.com

Instructions: Retain one copy for your records. Use second copy for packing slip on returned parts. Submit a third copy along with supporting work orders, photographs, etc. Return parts **PREPAID** at the same time claims are submitted to one of the addresses above. Claim consideration requires detailed Service Report, Shop Order and parts returned for inspection. Authorization for service must be approved prior to performance.

Dealer:	Customer:
Address:	Address:
Address 2:	Address 2:
City State: Zip:	City State: Zip:
Dealer Email:	Phone:

ABOUT THE EQUIPMENT

Model:	In Service Date:
Serial #:	Customer Ref #:
Claim #: Machine Hrs:	Owner Operated Rental

PARTS RETURNED

The manufacturer reserves the option of furnishing replacement parts F.O.B. our factory in lieu of issuing credit for parts determined by us to be defective.

Qty	Part #	Description	Replaced on Broce Inv #

Labor Description:

LABOR

Date	Hours	Rate	Amount

Nature of Failure - Explain fully:

MILEAGE

Date	Miles	Rate	Amount

Work authorized by manufacturer:

TOTAL PARTS COST:

By whom: Date: Copy of invoice closed? Yes No

Authorized Signature: TOTAL CLAIM: \$

Attach this form, a copy of your service report, and all supporting evidence (i.e. photographs, invoice, etc.). If delivery date to customer is not listed, the warranty start date will be the date machine is delivered to the dealer. CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS FOLLOWING REPAIR. **Effective January 2018.**