



5808 Highway #9  
 Harriston, Ontario, N0G 1Z0  
 Ph: 519-338-2923 • Fax: 519-338-2756  
[sales@harcoag.ca](mailto:sales@harcoag.ca)

**IMPORTANT:**  
 1. Claim must be cleared with Harco before repairing.  
 2. Replaced parts must be kept for examination.  
 3. File claim within 30 days of repairs.

Date: \_\_\_\_\_  
 Dealer Claim #: \_\_\_\_\_  
 Harco Claim #: \_\_\_\_\_

## WARRANTY REQUEST FORM

COMPLETE ALL FIELDS AND RETURN TO HARCO AG EQUIPMENT FOR REVIEW

**Mail:** 5808 Hwy #9, Harriston, Ontario, N0G 1Z0 | **Fax:** 519-338-2756 | **Email:** alexandriah@harknessequipment.ca

|                       |                     |
|-----------------------|---------------------|
| <b>Customer Name:</b> | <b>Dealer Name:</b> |
| Address:              | Address:            |
| City:                 | City:               |
| Province/State:       | Province/State:     |
| Postal/Zip Code:      | Postal/Zip Code:    |
| Phone #:              | Phone #:            |
| Email:                | Email:              |

Name of person submitting claim: \_\_\_\_\_ Date: (mmm/dd/yyyy) \_\_\_\_\_

|                            |  |                                 |                   |
|----------------------------|--|---------------------------------|-------------------|
| Equipment:                 |  | Date of Purchase: (mmm/dd/yyyy) |                   |
| Model #:                   |  | Date of Delivery: (mmm/dd/yyyy) |                   |
| Serial #:                  |  | Failure Date: (mmm/dd/yyyy)     |                   |
| <b>Tractor Information</b> |  | <b>Make:</b>                    | <b>Model:</b>     |
| Amount of Use:             |  | Original Invoice #:             | Repair Invoice #: |

Warranty Claim Description of Issue: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| PARTS REQUIRED FOR REPAIR: |                 |                      |
|----------------------------|-----------------|----------------------|
| Qty                        | Harco Ag Part # | Invoice # (if known) |
|                            |                 |                      |
|                            |                 |                      |
|                            |                 |                      |
|                            |                 |                      |
|                            |                 |                      |
|                            |                 |                      |
|                            |                 |                      |
|                            |                 |                      |

| FOR OFFICE USE ONLY |  |
|---------------------|--|
| Parts               |  |
| Freight             |  |
| Labour              |  |
| Misc                |  |
| <b>Total Claim</b>  |  |

Labour Hours: \_\_\_\_\_ Rate: \_\_\_\_\_ Mileage: \_\_\_\_\_ Dealer WO (Must be attached): \_\_\_\_\_

Manager Approval: \_\_\_\_\_ Date: (mmm/dd/yyyy) \_\_\_\_\_