



Leon's Mfg. Company Inc.
 "Home of Quality Leon & Ramrod Products"



WARRANTY ADJUSTMENT REQUEST

CLAIM NUMBER

| | | | |
|-----------------|------------|--------------------------------|-------------------------------------|
| DEALER | | Original Leon Sale Invoice No. | Claim Will Be Void If Not Completed |
| Name | | Date of Claim | |
| Address | | | Machine |
| City | Prov/State | Postal/Zip | |
| Filled out by: | | Model | Date Of Failure |
| CUSTOMER | | | Serial Number |
| Name | | Hours of Service | |
| Address | | | |
| City | Prov/State | Postal/Zip | |

| Qty. | Part Number | ITEM DESCRIPTION/BRAND IDENTIFICATION | Replacement Part Invoice No. | Net | Total |
|------|-------------|---------------------------------------|------------------------------|-----|-------|
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| DESCRIPTION OF FAILURE AND PROBABLE CAUSE | | | | | |
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| CORRECTIVE ACTION | WARRANTY LABOUR ALLOWANCE SUBJECT TO LEON APPROVAL | | |
|---------------------------|--|-------|-------|
| | | HOURS | TOTAL |
| Parts | | | |
| Labour | | | |
| Other | | | |
| DEALER TOTAL CLAIM | | | |

| | | | |
|--|-------|--|--|
| Dealer Signature | Date: | FACTORY USE ONLY | |
| REASON FOR CLAIM NOT BEING APPROVED | | Parts | |
| | | Labour | |
| | | Other | |
| | | Total Allowance | |
| | | Warranty Allowed <input type="checkbox"/> Not Allowed <input type="checkbox"/> | |
| | | Service Manager: | |
| Service Manager | Date: | Date: | |

USE SEPERATE CLAIM FORM FOR EACH MACHINE
 FAX COMPLETED CLAIM FORM TO 306-786-2612

DEALER FILLS OUT ALL WHITE AREAS