MTB MFG INC., 4575 Powell Rd. RR# 3 Wallenstein Ont. N0B 2S0
Phone (Toll free): 1-866-820-7603 Fax: 519-698-1087

WARRANTY CLAIM FORM

Dealer: _____ **Distributor:** _____

Product: _____ **Model:** _____ **Serial Number:** _____

Owner Name and Address: _____

Date of Purchase: _____ **Original Sales Invoice No. :** _____ **Claim No. :** _____

Uses: (check one) ☐ **Agricultural** ☐ **Contractor** ☐ **Rental** ☐ **Home Owner / Hobby** ☐ **Industrial**

Estimated Hours of Use: _____ **Type of Work and Conditions:** _____

Type of Tractor Used: _____ **Model:** _____ **H.P. Rating:** _____

Please describe nature of defect and cause of failure: _____

This machine has been restored to working condition ☐ **Yes** ☐ **No**

Date: _____ **Signature:** _____

Qty.	MTB Part No.	Description	MTB Invoice No.	Amount Claimed	MFG. Use Only
		Labour (Hours) Claimed			
			Total		

1. Please complete form and return to MTB MFG. INC. within 90 days of date of failure ***along with defective parts***. It is the dealer's responsibility to return the parts to MTB MFG. INC.
2. Include Serial Number of this unit, copy of original Bill of Sale to End User, and copies of any invoices or packing slips for items being claimed on this claim.