# BAUMAlight

**MTB MFG INC., 4575 Powell Rd. RR# 3 Wallenstein Ont. N0B 2S0 PHONE: 519-698-9864 FAX: 519-698-1087**

## WARRANTY FORM

DEALER: _____ DISTRIBUTOR: _____

_____ _____

_____ _____

PRODUCT: _____ MODEL: _____ SERIAL NUMBER: _____

OWNER NAME & ADDRESS: _____

DATE OF PURCHASE: _____ ORIGINAL SALES INVOICE # _____ CLAIM # _____

USES: CHECK ONE ☐ AGRICULTURAL ☐ CONTRACTOR ☐ RENTAL ☐ HOME OWNER/ HOBBY ☐ INDUSTRIAL

ESTIMATED HOURS OF USE: _____ TYPE OF WORK & 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 # | DESCRIPTION | MTB INVOICE # | AMOUNT CLAIMED | MFG. USE ONLY |
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| | | **LABOUR (HOURS) CLAIMED** | | | |
| | | | **TOTAL** | | |
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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.