Woodsman, LLC

1250 Commerce Drive
Farwell, Michigan 48622
Phone: (989) 588-4295 • Fax: (989) 588-4827
www.woodsmanchippers.com

WOODSMAN LLC

Warranty	Claim #

Date:_____

Dealer:_____ Customer: _____

Contact Name:_____ Contact Name: _____

Address:_____ Address: _____

City:_____ State:_____Zip_____ City:_____ State:_____Zip_____

Phone #:_____ Phone #: _____

E-mail:_____ E-mail: _____

Model #:_____S/N #_____Hours:_____Failure Date:_____

Describe Machine Failure (attach copy of work order) _____

_____

_____

Use second sheet if necessary

Parts QTY.	DESCRIPTION	Dealer Net @Ea.	Total
		TOTAL	

Woodsman does not reimburse freight or travel time.

1. Warranty claim must be filled out completely.
   If information is not complete, the claim cannot be processed.
2. Attach a copy of service work order
3. Address all shipments to Woodsman, LLC.
4. Shipping costs must be prepaid
5. Mark all parts with correct "PART NUMBER"
6. Make sure Packing Slip is enclosed with shipment.
7. Send "white & yellow" copies of Warranty Claim to Woodsman, LLC.
8. "Pink" copy should be retained for your records.

"This warranty must be returned to factory within 30 days of failure"

ALL WARRANTY CLAIMS WILL BE REIMBURSED BY
CREDIT TO YOUR ACCOUNT ONLY.
NO CASH REIMBURSEMENT.

_____hours of labor requested
_____x labor rate
_____Total labor requested

FACTORY USE ONLY

Total credit allowed:_____

Authorized by:_____

Disposition of parts:_____

White & Yellow - Woodsman Warranty Pink-Dealer/Customer