



2001 HWY BLVD PO BOX 1478

SPENCER, IA 51301

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REPAIR & RETURN SUBMISSION FORM

Date: _____

Name/Dealer-Company Name: _____

Street Address: _____

City: _____ State _____ ZIP _____

Contact Person: _____ Telephone #: _____

SDI or AG Parts Acct. #: _____ PO# or Name: _____

Make of Unit: _____ Hours/Miles: _____

Fuel Setting: _____ Stage: _____

Preferred Shipping Method for Return: _____

Description of Problem/Issue:
