

Henke Manufacturing Warranty Claim Form

CLAIM NUMBER

*

CLAIM DATE

DEALER NAME AND ADDRESS

DEALER CONTACT AND PHONE #

HENKE ATTACHMENT:

MODEL

SERIAL #

DELIVERY DATE

ORIG. ORDER DATE

MACHINE MODEL

SERIAL #

HOURS

DELIV. DATE

FAILURE DESCRIPTION:

DETAILS OF FAILURE (OR ATTACH SERVICE REPORT)

* FAILURE CODE

CORRECTIVE ACTION (OR ATTACH SERVICE REPORT)

DEALER INVOICE OR WO#

PART TO RETURN

DATE PART RECEIVED

*

RECEIVED BY:

*

CREDIT # & DATE

*

* FOR HENKE USE



3070 Wilson Avenue
Leavenworth, Kansas 66048

(913) 682-9000 Fax: (913) 682-0300

(888) 682-9010 www.henkemfg.com