WARRANTY ADJUSTMENT REQUEST WOR REQUEST MUST BE SUPPORTED BY: JOB TICKETS JOB TICKETS OUTSIDE-PURCHASE RECEIPTS (IF APPLICABLE) WARRANTY REGISTRATION COPY (IF APPLICABLE) DEALER ACCOUNT NUMBER: DEALER ACCOUNT NUMBER: MODEL #				White's Processing №	 		
	DMER NAME AND ADI	SNEOO					
TRACI	OR MAKE	MODEL	HP	FAILURE DATE	JOB COMPLE	TION DATE	
HRS	ACRES	DEALER CLAIM	#	DEALER SI	GNATURE DATE		
QTY	PART #	DESCRIPTION	COST	DESCRIBE FA	ESCRIBE FAILURE AND CAUSE IN DETAIL		
				SERVICE		<u>4ED:</u>	
				SERVICE WORK PERFORMED:			
PARTS TOTAL (NET COST) LABOR HOURS RATE							
FREIGHT(Do not include trip fees.)				-			
				WHITE'S INC.	PARTS INVOICE NUMBER(S):		
TOTAL CLAIM:							
<u>Warra</u> DATE	anty Processing De	epartment:			PRINT		