



ADJUSTMENT REQUEST

SHADED AREAS FOR **PARMA CO.** USE ONLY
ALL UNSHADED AREAS **MUST** BE COMPLETED

P.O. BOX 190 • PARMA, IDAHO 83660 • PHONE 208-722-5116 • FAX 208-722-6012

NO. _____

DATE _____

DEALER NAME AND ADDRESS	DEALER #	CUSTOMER NAME AND ADDRESS

PRODUCT/MODEL	DELIVERY DATE	DATE FAILED	USE/ACRES	SERIAL NO.	INVOICE NO.	INVOICE DATE

TYPE OF REQUEST (ATTACH COPY OF REPLACEMENT PARTS INVOICE TO REQUEST)

WARRANTY	RETURN GOODS	OTHER (EXPLAIN)

QTY	PART NUMBER	DESCRIPTION	ACCT. #	UNIT PRICE	DISC.	EXTENSION

WERE ABOVE PARTS REPLACED? IF SO...	INVOICE NO.	DATE	TOTAL EXTENSION	
EXPLAIN FAILURE IN FULL DETAIL	(ATTACH ADDITIONAL PAGE IF NECESSARY)			LABOR HRS RATE

	TOTAL CREDIT
PARTS RETURNED ON:	
RR#	DATE:
VENDOR	PARTS RETURN REGISTRATION
OTHER	

COMMENTS:	REVIEWED BY:	DATE

SIGNED	ALLOWED		DISALLOWED	DATE
	FINAL	HOLD		