

WALKER MOWERS

5925 E. HARMONY ROAD, FORT COLLINS, CO 80528 • (970) 221-5614 • WWW.WALKERMOWERS.COM

WARRANTY LABOR RATE REGISTRATION FORM

Dear Walker Dealer,

As a Walker dealer, and to comply with Walker Manufacturing's Warranty Reimbursement Program, we require the following information from you to determine your current warranty labor rate.

NO OTHER REMINDER WILL BE MAILED TO YOU

1. Dealer Name, Address & Contact Information (Please print or type)

_____	Phone #: _____
_____	Fax #: _____
_____	E-Mail: _____

2. Posted Shop Labor Rate (Hourly Rate): _____

3. Service Manager's Name

4. Dealer Signature
I affirm that the above information is true and correct.
Signature: _____ Date: _____

- * 5. Attach three (3) copies of current work orders which list your posted labor rate and have been charged and paid for by a retail customer.

- * 6. Fill out and attach Form W-9

In order for us to reimburse you for warranty work done, we need you to fill out the above information and return this form. RETURN THIS FORM TO YOUR WALKER DISTRIBUTOR who will forward the information to Walker.

Name of Distributor: A & D DISTRIBUTORS
85 BALM ROAD
WETUMPKA, AL 36092