



Phone: 800-365-3726 Fax: 800-825-8825

REIMBURSEMENT FORM (MR804)



FOR LEPCO USE ONLY
CLAIM NUMBER

DEALER INVOICE # _____
 LEPCO DEALER ACCT # _____
 DISTRIBUTOR NAME **LAWN EQUIPMENT PARTS CO.**
 DISTRIBUTOR NUMBER **480S000**
 DEALER NAME _____
 EXMARK DEALER NUMBER _____
 PURCHASE DATE _____

CLAIM TYPE [X]

BID ASSIST - IRS EXEMPTION NO. _____
 STATE CONTRACT _____
 FLEET - ADVANTAGE CARD NO. _____
 CORPORATE ACCOUNT - NO. _____
 NATIONAL ACCOUNT - NO. _____
 DEMO / ZDT PROGRAM _____
 OTHER (LIST) _____

CUSTOMER INFORMATION

PURCHASER NAME _____ BID CONTRACT WITH: _____
 BUSINESS NAME _____ CITY _____ STATE _____ ZIP _____
 MAILING ADDRESS _____
 PHONE _____ E-MAIL ADDRESS _____
 BUSINESS TYPE [] LANDSCAPE CONTRACTOR [] PARKS / RECREATION [] GOLF COURSE
 [] MUNICIPALITY / GOVERNMENT [] PERSONAL RESIDENCE [] OTHER LIST _____

UNIT SALES INFORMATION:

SERIAL NO.	MODEL NO.	LEPCO PUBLISHED SALE PRICE	BID / FLEET / STATE / GSA / NAT'L SALE PRICE	DEALER REBATE (SEE LEPCO DEALER PROGRAM FOR	ANTICIPATED DEALER REBATE FROM LEPCO

TOTAL CLAIM AMOUNT split 50/50 between Distributor and Exmark

DISTRIBUTOR	\$	-
EXMARK	\$	-
TOTAL	\$	-

WARRANTY REGISTRATION: [] Copy Attached

NOTE: Dealer is required to submit this form with a copy of the invoice and completed warranty registration, to LEPCO for approval.