



# WARRANTY CLAIM FORM

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU THE ORIGINAL OWNER:                      YES                      NO

TRAILER VIN #: \_\_\_\_\_ TRAILER MANUFACTURER: \_\_\_\_\_

MAKE, MODEL & TYPE TRAILER: \_\_\_\_\_

LENGTH OF TRAILER: \_\_\_\_\_ DOM: \_\_\_\_\_

DATE OF PURCHASE: \_\_\_\_\_ APPROX. MILEAGE UNIT TOWED: \_\_\_\_\_

SERVICE CENTER NAME, CONTACT PERSON, ADDRESS, PHONE # & EMAIL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SERIAL NUMBER ON FRONT AXLE: \_\_\_\_\_

SERIAL NUMBER ON CENTER AXLE (IF TRIPLE): \_\_\_\_\_

SERIAL NUMBER ON REAR AXLE: \_\_\_\_\_

WHEN WERE AXLES LAST SERVICED: \_\_\_\_\_

HAS UNIT ALREADY BEEN REPAIRED: \_\_\_\_\_

IF TIRE WEAR, WHICH POSITION IS PROBLEM OCCURRING:  
(i.e. LH front, LH rear, RH front, RH rear)  
(tire pictures must be sent if tire consideration is being sought)

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE ISSUE WITH AXLES. SUPPLY PICTURES IF POSSIBLE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHOM TO CONTACT - NAME & NUMBER: \_\_\_\_\_