



"BUILT FOR THE LONG HAUL"

Warranty Claim

Customer Info

Name: _____
Address: _____
City/St: _____
Zip: _____
PH #: (____) _____ - _____
FX #: (____) _____ - _____

Trailer Info

VIN #: _____
Model: _____
Date Of Purchase: _____
Dealer Trailer Was Purchased From
Name: _____
City/St: _____

Problem

Suggested Course of Action

Estimated Cost \$ _____

- * Please Fax to 903-784-3410
- * If not all areas are filled, the request will not be processed.
- * Picture(s) will be required to process request, please email all picture(s) to customerservice@loadtrail.com with the subject as the last 6 digits of the VIN.