

WARRANTY CLAIM



TRAILER INFORMATION

TRAILER VIN (Vehicle Identification Number)

TRAILER MODEL

Who Is Submitting This Claim?

Dealer

Customer

PURCHASE DATE

DEALER (where trailer was purchased)

CITY | STATE (DEALER)

CUSTOMER INFORMATION

NAME

PHONE

ADDRESS

EMAIL

CITY | STATE

ZIP

PROBLEM

SUGGESTED COURSE OF ACTION

COMPONENT INFORMATION (Axle, Actuator, Hydraulic Pump, Air Compressor)

MODEL #

SERIAL #
