



Office Use Only

Date Rec'd: _____

Claim No.: _____

Submitted By:
[] Dealer [] Customer

WARRANTY CLAIM FORM

Revised January 4, 2021

1. DEALER / TRAILER INFORMATION

DEALER NAME: _____
TRAILER VIN #: _____
YEAR/MODEL: _____
ARISING INV. #: _____

2. RETAIL CUSTOMER INFORMATION (if applicable)

NAME: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____

3. CLAIM INFORMATION (provide as much detail as possible and attach photographs)

DATE FIRST NOTICED: _____

DESCRIPTION:

Special Instructions: To process your warranty claim, (1) **clear photos** of the warranty issue, and (2) **proof of purchase** must be attached with ALL claims. Failure to completely and accurately fill out this form, including failure to attach photos and proof of purchase, may result in delayed processing and/or automatic rejection of your claim.