

WARRANTY CLAIM FORM

Date: _____

TAG #: _____

Claim Contact Information:	Vehicle Owner Information:	Truck Information:
Name, Company, and Address: _____ _____ _____	Name, Company and Address: _____ _____ _____	Make: _____
Phone: _____	Phone: _____	Model: _____
Fax: _____	Fax: _____	Mileage: _____
E-mail: _____	E-mail: _____	Vocation: _____
		Engine: _____
		VIN: _____

COMPLAINT

Fluid Leak: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of the Problem: _____ _____ _____ _____ _____ _____ _____ _____
Shifting: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Noise: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vibration: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hard Steering: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contamination: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL INFO

Change with Speed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspension Modified Recently? <input type="checkbox"/> Yes <input type="checkbox"/> No
Change with RPM? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveline in phase? <input type="checkbox"/> Yes <input type="checkbox"/> No
During Acceleration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Engine Mounts Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
During Deceleration? <input type="checkbox"/> Yes <input type="checkbox"/> No	King Pin Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
When Stationary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydraulic Brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fluid at Proper Level? <input type="checkbox"/> Yes <input type="checkbox"/> No	System Flushed & Filter Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fluid Clean? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Unit Getting Hot? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Running PTO? <input type="checkbox"/> Yes <input type="checkbox"/> No	