

WARRANTY CLAIM FORM

DATE: _____ RECEIVED BY: _____

THIS FORM IS REQUIRED ON ALL TRUCKS AND ENGINE OVER-THE-COUNTER WARRANTY COMPLAINTS.

CUSTOMER INFORMATION

ACCOUNT NUMBER: _____

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT EMAIL: _____ TELEPHONE: _____

VEHICLE INFORMATION

17-DIGIT VIN: _____ VEHICLE MILES: _____

ORIGINAL INVOICE: _____ REPLACEMENT INVOICE: _____

PART INSTALLED MILES: _____ PART FAILURE MILES: _____

PART INSTALLED DATE: _____ PART FAILURE DATE: _____

ENGINE HOURS: _____ ENGINE SERIAL NUMBER: _____

COMPLAINT INFORMATION

CUSTOMER COMPLAINT: _____

CAUSE OF FAILURE: _____

CORRECTION: _____

ACTUAL FAILED PART NUMBER: _____

NOTE: IT IS VERY IMPORTANT TO RECORD THE ACTUAL PART NUMBER REMOVED.

IF CLAIM IS DENIED, DO YOU WISH TO HAVE THE PART(S) RETURNED AT YOUR EXPENSE?

THESE ITEMS MUST BE INCLUDED: **COPY OF ORIGINAL INVOICE AND A COPY OF CURRENT INVOICE**

MUST HAVE ALL OF THE ABOVE INFORMATION TO START THE WARRANTY PROCESS. ANY QUESTIONS AFTER BEING PROCESSED, PLEASE CALL OUR WARRANTY DEPARTMENT AT 317-243-1668. MOST WARRANTY PROCESSES TAKE 90-120 DAYS.

WARRANTY CLAIM FORM

PART SERIAL NUMBERS

CLUTCH

ORIGINAL: _____ REPLACEMENT: _____

MTM

ORIGINAL: _____ REPLACEMENT: _____

TRANSMISSION

ORIGINAL: _____ REPLACEMENT: _____

GEAR BOX

ORIGINAL: _____ REPLACEMENT: _____

RIGHT HAND STALK

ORIGINAL: _____ REPLACEMENT: _____

TURBOCHARGER

ORIGINAL: _____ REPLACEMENT: _____

TURBOCHARGER ACTUATOR

ORIGINAL: _____ REPLACEMENT: _____

**FAILURE TO PROVIDE SERIAL NUMBERS IF PART IS ONE LISTED
ABOVE CAN RESULT IN DENIAL**