CUSTOMER WARRANTY REQUEST FORM

Customer information

Company Name :
First Name : Last Name :
Email Address : Phone Number :

Unit information

Truck VIN Number :
Trailer VIN Number :
Mileage (mi) :
Last Service Date (MM/DD/YYYY) :

Warranty request

Date of the incident :
Detailed Description of Issue :

Condition when the issue happened □ Driving □ During loading / Unloading

If the issue was corrected please enter the information of the repair shop / service center used with their contact information :

Approval (Completed by LNA)

Date : Claim coordinator : Michael Stellos

Claim Status : ☐ Approved ☐ Under review ☐ Denied

No work to be perform before approval or denial of the warranty claim may be perform.