RIDEWELL SUSPENSIONS

Warranty Claim Form

Claim # _____
Claim Date _____

RMA_____

OWNER INFORMATION

*Company Name_____
Address_____
City _____
State _____
Zip Code _____

*Owner's Name_____
*Email _____
*Office # _____
Mobile # _____

VEHICLE INFORMATION

Vehicle # _____
*Full Vin # _____
*In-Service Date _____
Vocation (Trailer Type)_____

Mileage _____
Vehicle Make_____
Vehicle Model _____
Failure Date_____

CUSTOMER CONTACT INFORMATION

Contact Name_____
Company Name _____
Phone #_____
Email _____

SUSPENSION INFORMATION

Suspension Part #_____
Suspension Part #_____
Suspension Part #_____

REPAIR SHOP CONTACT INFORMATION

Contact Name_____
Repair Shop Name _____
Phone #_____
Address_____
City _____
State/Prov_____
Zip Code _____
Email _____

AXLE POSITION	*SUSPENSION SERIAL #
Axle #1 ◯	_____
Axle #2 ◯	_____
Axle #3 ◯	_____
Axle #4 ◯	_____
Axle #5 ◯	_____
Axle #6 ◯	_____
Axle #7 ◯	_____
Axle #8 ◯	_____

*DESCRIPTION OF THE PROBLEM. PLEASE INCLUDE PHOTOS. *(can be sent separately)*

PARTS NEEDED

Part #	Description	Unit Price	Quantity	Extended Cost
			Total Parts	0

LABOR NEEDED

Labor Description	Hours/Tenth	Labor Rate	Extended Cost
		Total Labor	0
		Total Amount of Claim	0

Please submit invoice with Warranty Claim Form if work has been completed.