

WARRANTY CLAIM FORM

Please complete the form below and a parts department representative will contact you within 3 business days. Make sure the form is completed accurately and attach photos or videos or your claim will be denied

PURCHASED FROM:*

EMAIL:*

NAME:*

STREET ADDRESS:*

CITY:*

STATE:

ZIP CODE:*

PHONE NUMBER:*

VEHICLE DESCRIPTION (MAKE/MODEL):*

VIN#:

Please provide the reason you are filing a claim; please be as detailed as possible.

Replacement parts requested for coverage. If you do not know please describe the parts needed*

Photos & Videos*

You MUST include photos or video of the defective parts you are requesting coverage by the manufacture warranty