



Warranty Claim Form

Requested by:		Date:						
Phone:	Fax:	E-Mail:						
CUSTOMER INFORMATION								
Name:		Phone:						
Address:		Fax:						
		E-mail:						
UNIT INFORMATION								
Ambulance <input type="checkbox"/> RV <input type="checkbox"/> Bus <input type="checkbox"/> Trailer <input type="checkbox"/> Truck/Tractor <input type="checkbox"/>	Suspension Model#	Type of use:	Service Part: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Year Model:	Make:	VIN:						
In Service/Purchase Date:	*Mileage:	Date of Failure:						
ISSUE INFORMATION								
Issue/Complaint and Claim/WO #:								
What is necessary to correct the issue?								
List parts if needed:	Part #	Qty	Part #	Qty	Part #	Qty	Part #	Qty
REPAIR FACILITY INFORMATION (IF DIFFERENT FROM CUSTOMER)								
Name:	Phone:							
Address:	Fax:							
	E-mail:							

* Not required on trailers

Please send information to one of the following:

Reyco Granning Suspensions
Attn: Warranty Department
1205 Industrial Park Drive
Mount Vernon, MO 65712
Phone: 417-466-2178
E-mail: rgwarranty@reycogranning-intl.com