Warranty Claim Form

Requested by:		**Date:**
Phone:	**Fax:**	**E-Mail:**

CUSTOMER INFORMATION

Name:	**Phone:**
Address:	**Fax:**
	E-mail:

UNIT INFORMATION

Ambulance ☐ **RV** ☐ **Bus** ☐ **Trailer** ☐ **Truck/Tractor** ☐	**Suspension Model#** Suspension Serial#	**Used in USA?** **If no, where?**	**Type of use:**	**Service Part:** **Yes** ☐ **No** ☐

Year Model:	**Make:**	**VIN:**
In Service/PurchaseDate:	***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: Mark Bachman
3216 Olympia Drive, Suite D
Lafayette, IN 47909
Phone: 417-466-1044
E-mail: mabachman@reycogranning-intl.com