



100% Associate Owned

WARRANTY CLAIM FORM

1500 Gezon Parkway SW
Grand Rapids, MI 49509
616-724-2000
800-872-6697
Fax: 616-365-5679

Date: _____

TAG #: _____

Claim Contact Information:	Vehicle Owner Information:	Truck Information:
Name, Company, and Address: _____ _____ _____	Name, Company and Address: _____ _____ _____	Make: _____
Phone: _____	Phone: _____	Model: _____
Fax: _____	Fax: _____	Mileage: _____
E-mail: _____	E-mail: _____	Vocation: _____
		Engine: _____
		VIN: _____

COMPLAINT

Fluid Leak:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shifting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Noise:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vibration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hard Steering:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contamination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Description of the Problem:

ADDITIONAL INFO

Change with Speed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change with RPM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
During Acceleration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
During Deceleration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When Stationary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fluid at Proper Level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fluid Clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Unit Getting Hot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle Towed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Running PTO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Suspension Modified Recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driveline in phase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engine Mounts Checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
King Pin Checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydraulic Brakes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System Flushed & Filter Replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Claims submitted must be for verifiable defects in material or workmanship. Failure to supply detailed photos or returning parts will result in the rejection of the claim.

EMAIL TO: WARRANTY@WELLERTRUCK.COM
FAX TO: 616-365-5679, WELLER TRUCK PARTS WARRANTY