

Warranty Claim #: _____

Warranty Claim Date: _____

WARRANTY CLAIM FORM

Customer Information

Name: _____

Address: _____

Email: _____ Phone Number: _____

Trailer Information and Warranty Request

Trailer VIN: _____ Trailer Description: _____

Dealer Where Purchased: _____ Date of Purchase: _____

Warranty Claim Description: _____

Requested Action to Resolve: _____

Pictures Attached: Yes or No (circle one)

Manufacturer Notes (for office use only)

Date of Claim: _____

Date Resolved: _____

Action Taken to Resolve: _____

Reason for Course of Action: _____

Submit warranty claim form, along with supporting documents, via email to warranty@delcotrailers.com.
No warranty action will be made prior to receipt of a warranty claim form. Please see Delco Trailer's
"Warranty Policy" for details of warranty coverage.



4131 CR 35500 Sumner, TX 75486
903-739-9400

