



**Warranty Claim**

Dealer/Customer Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St: \_\_\_\_\_

Zip: \_\_\_\_\_

PH #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FX #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Trailer Info

VIN #: \_\_\_\_\_

Axle Ser # \_\_\_\_\_

Model: \_\_\_\_\_

Date Of Purchase: \_\_\_\_\_

Dealer Trailer Was Purchased From

Name: \_\_\_\_\_

City/St: \_\_\_\_\_

**NOTE\* If your problem is related to Axles Load Trail will need the Axle Serial Numbers to process your Claim properly**

Problem

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Course of Action

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_

\* If not all areas are filled, the request will not be processed.

\* Picture(s) may be required in order to process, please e-mail to customerservice@loadtrail.com with the subject as the last 6 digits of the VIN.

Please fax completed paperwork to: 903-783-3904

Attn: Beto Peters      Direct Line: 903-783-3915

Load-Trail Ltd. | 220 FM 2216 | Sumner, Tx. 75486