WHEELED COACH WARRANTY CLAIM

Please fax to 1800 241-5177

Please print.

Date _____ Wheeled Coach Work Order _____

Customer _____ VIN# _____

Current Miles _____ DeliveryDate _____

Please describe problem with unit (-Be specific as possible)

DSM/Dealer _____

Shipping Address _____

Contact Name _____ Phone _____

Signature _____ FAX _____