



Warranty Claim Form

Please fax back to: **800-241-5177**

*****This is NOT an authorization for repair. All Claims are subject to management review before approval.*****

Form must be fully completed and returned to Wheeled Coach for review and processing. Please print clearly.

Date: _____

Customer Section

Name: _____ Phone: _____

Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Will payment be made payable to the customer? Yes or No Will parts be shipped to customer? Yes or No

Dealer or Repair Facility Section

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____

Email Address: _____ Phone: _____

Will payment be made payable to the dealer/repair facility? Yes or No Will parts be shipped to dealer/repair facility? Yes or No

Vehicle Information

*****Only 1 vehicle per claim form*****

Work Order #: _____ Last 8 VIN #: _____ Current Mileage: _____

Warranty Instructions

*****Please read and check on each item.*****

- Digital Pictures must be provided to support claim.
- Defective parts must be returned before new parts and/or payment is released.
- Estimates from repair shops and sub-contractors must be faxed with this form.
- Invoices must be submitted within 30 days of approval date.

Warranty Claim Information

Please check if this this a claim for: Labor Only Warranty Parts Only Both

QTY	PART NAME OR #	DESCRIPTION OF PROBLEM
LABOR		
HRS:	LABOR RATE:	
QTY	PART NAME OR #	DESCRIPTION OF PROBLEM
LABOR		
HRS:	LABOR RATE:	

I ACKNOWLEDGE RECEIPT OF THE PARTS AND SERVICES DESCRIBED HEREIN.

X _____
Customer Signature

We are dedicated to the highest level of customer service. For any questions regarding your claim, please call our offices at 800-628-8178 between the hours of 8 am - 5 pm EST.