



Date _____

Warranty Claim Information

Fabco Component _____

Vehicle Make _____

Model _____

Model _____

Serial No. _____

Year _____

VIN _____

Application _____

End User _____

In Service Date _____

Date of Failure _____

Mileage/Hours _____

Description of Failure/Defect _____

Circumstances of Failure (i.e., on/off road, front axle engaged/disengaged, approx speed, etc.) _____

Photos Available: Yes _____ No _____

Submitted by:

Company _____

Contact _____

Address _____

Phone _____

Email _____