

DATE

Name

END USER

19 Yale Crescent St. Catharines, Ontario, Canada L2R 2Y6

WARRANTY CLAIM FORM

Before submitting a claim, please read over our Warranty Policy at http://www.trkattachments.com/warranty. To submit a claim, fill out the form below and email it to sales@trkattachments.com along with photos of the defective part. Only claims submitted on this claim form will be considered.

Telephone Address	
DEALER (if applicable) Name Telephone Address	
ATTACHMENT SERIAL NUMBER	
ATTACHMENT TYPE	
DATE OF PURCHASE	
FAILURE DATE	
HOURS OF WORK SINCE THE PURCHASE	
Description of attachment failure:	
Describe part defect or workmanship:	
CLAIM IS NOT AWARDED UNTIL ASSESSED BY TRK ATTACHMENTS INC UPON RECEIPT OF DEFECTIVE PARTS.	