



Warranty Claim Request

Please use this form to request a *warranty claim review* for a Fleetline product failure

- 1) Warranty claims cannot be processed without completing this form, providing requested information, and sending it to Fleetline for review and approval. Incomplete information will result in a delay in processing your request.
- 2) Not all product failure is eligible for credit/replacement under warranty. Non-warranty failures include:
 - *installation errors*
 - *accidents*
 - *damage in transit (carrier damage)*
 - *any other failure not due to workmanship/material flaws*
- 3) Only the original purchaser of the product is eligible for warranty consideration.
- 4) Product for which a request is submitted must have been installed in the last 12 months (36 months for poly fenders).
- 5) Warranty claims for products not installed with appropriate Fleetline mounting kits will be denied.
- 6) If failed product is requested to be returned, it must be accompanied by a Fleetline RMA and must be returned prior to the RMA expiration date. Return instructions will be provided with the return authorization; unauthorized returns will be refused.
- 7) Returns' condition and failure will be verified upon arrival at Fleetline prior to decision of approval or denial.
- 8) For questions about Fleetline's warranty policy, please refer to ""Limited Warranty" located on Fleetline's website.

NOTE: YOU MAY FILL OUT THE FORM BY HAND OR ELECTRONICALLY. DROP-DOWN LISTS ARE PROVIDED IN BOXES FOR ELECTRONIC ENTRY.

Request Date: _____ Request Submitted By: _____

Qty: _____ Cost: _____ Request: Reason:

Part # _____ Qty: _____ Cost: _____ Request: Reason:

(List Request Code) (List Reason Code)

Request Codes:
CR: credit of product cost
REP: replacement of product

Reason Codes:
BRK: broken **SCR:** scratched **DNT:** dented **SPR:** spring failed
RUS: rusted **MIS:** missing parts **FIT:** incorrect fit **OTH:** other (please explain)

PLEASE GIVE DETAILS OF THE REQUEST REASON (IF THE FAILED PART USES A MOUNTING KIT, PLEASE LIST THE FLEETLINE KIT NUMBER):

PLEASE SEND US THE FOLLOWING INFORMATION FOR CONSIDERATION OF YOUR REQUEST:

- A. COPY OF ORIGINAL INVOICE (CLAIM CANNOT BE CONSIDERED WITHOUT THIS DOCUMENT)
- B. INSTALLATION DATE: _____ (PLEASE ENTER "N/A" IF NOT INSTALLED):
- C. FAILURE DATE: _____ (DATE WHEN THE FAILURE WAS FIRST NOTICED)
- D. PHOTOS OF PRODUCT & PACKAGE LABELS (PLEASE ENTER "N/A" IF NOT AVAILABLE):
- E. PLEASE LOCATE THE PART TYPE IN THE TABLE BELOW AND SEND THE INFORMATION REQUESTED FOR THAT TYPE:

	SINGLE-AXLE FENDERS	HALF/FULL TANDEM FENDERS	MUD FLAP HANGERS	QUARTER FENDERS	MOUNTING KITS	OTHER PRODUCT
photos of failed part (all sides)	X	X	X	X	X	X
close-up photo of failure	X	X	X	X	X	X
photo of installed center/rear bracket		X				
photo of installed rubber strips		X				
mounting kit number (list in "Details")	X	X				

When complete, please email form, photos, and invoice copy to qualityassurance@fleetlineproducts.com or fax to (888) 215-7036

PLEASE DO NOT WRITE BELOW THIS LINE - FOR FLEETLINE USE ONLY

Customer Name:	<input type="text"/>	Customer No./Location:	<input type="text"/>
Date Rec'd:	<input type="text"/>	Non-Wty Claim	<input type="text"/>
Need More Information	<input type="text"/>	Known Issue	<input type="text"/>
RMA	CRR	CM#	UNK Issue
Authorization:	,FL Quality Manager		DISPO:
		Date:	<input type="text"/>