

WARRANTY CLAIM FORM

TASKMASTER
COMPONENTS

Please Fill Out and Email to Warranty@taskmastercomponents.com

Date of Claim: _____

Claim Type: **Tire Claim** **Wheel Claim**

Trailer Owner: _____

Trailer Manufacturer & Model: _____ VIN Number: _____

Date of Purchase: _____ Date of Trailer Mfg: _____

SHIPPING ADDRESS

Address Type: **Residential** **Commercial**

Street Address: _____

City: _____

State/Province: _____

ZIP Code: _____

TIRE INFORMATION

Tire Size: _____

Brand: _____

Load Range (Ply): _____

DOT CODE (4 Digits Per Tire): _____

DATE CODES (4 Digits Per Tire): _____

WHEEL INFORMATION

Wheel Type:	Steel		Aluminum					
Wheel Size:	12	13	14	15	16	17.5	22.5	24.5
Number of Lugs:	4	5	6	8	10			
Wheel Color:	Black		Silver		White		Gunmetal	

CONTACT INFORMATION

Dealer Name: _____

Contact : _____

Dealer Phone: _____

Dealer Email: _____

Customer Name: _____

Customer Phone: _____

Customer Email: _____