

## WARRANTY CLAIM FORM

To initiate a claim, fill out this form and send it along with your product in its original packaging to **Warranty Claims Department, 1210 East Northfield Drive, Brownsburg, IN 46112**. If you no longer have the original packaging, make sure to carefully wrap and protect the product when shipping it back. Products damaged due to insufficient packaging may not be eligible for return. **This warranty claim form must be completely filled out** and the part sent within 30 days of part failure. Please see [LiftSupportsDepot.com/warranties](https://LiftSupportsDepot.com/warranties) for more information concerning the warranty exclusions and requirements for your particular part.

### CUSTOMER DETAILS

Name

Street Address

City

State

Zip

Telephone

Email

Vehicle Make

Model

Year

Engine

VIN #

### PRODUCT DETAILS

Order # (Important)

Where did you purchase your product?

eBay  Amazon  Walmart  LiftSupportsDepot.com

Part Brand

Part # or Model ID

Date of Purchase

Date of Installation

Mileage at Installation

Mileage at Problem

Date of Part Problem

Define Problem

Signature

Date

Enclosed is the part in the original packaging and proof of purchase (receipt)