

PLEASE CHECK ONE

TECHNICAL WARRANTY SERVICE INQUIRY

CREATED BY: _____ DATE: _____

CUSTOMER NAME: _____ CUSTOMER NUMBER: _____

Contact Info

REPAIR / SHIP TO FACILITY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Vehicle Info

VEHICLE COMPANY OWNER: _____

OEM / TRUCK MANUFACTURER: _____

VIN: _____

MODEL YEAR: _____ BUILD DATE: _____

IN SERVICE DATE: _____ MILEAGE / HOURS: _____

NUMBER OF AXLES: _____ GROSS VEHICLE WEIGHT: _____

VEHICLE TYPE: VAN DUMP MIXER OTHER: _____

Suspension/Axle Info

AXLE / SUSPENSION MODEL: _____

AXLE / SUSPENSION SERIAL #: _____

POSITION: PUSHER TAG PRIMARY TYPE INSTALL: FACTORY AFTERMARKET

TIRE SIZE: _____

Part in Question

DESCRIPTION/FAILED PART #: _____

QUANTITY: _____ ESTIMATED # OF UNITS W/PART: _____

REPAIR / WORK ORDER AVAILABLE: YES NO

UNIT OUT OF SERVICE: YES NO DATE OUT OF SERVICE: _____

PICTURES INCLUDED: YES NO

REASON FOR INQUIRY WITH AS MUCH DETAIL AS POSSIBLE: _____

Contact Watson & Chalin at 972.547.6020 for additional information.



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