



Parts Warranty Claim Form

This form must be completed and returned with the product.
Failure to supply required information within 15 days
of return may result in denial of warranty.

Date*		VIN #: (Full Required)*	
Customer #*		Vehicle Year*	
Company Name*		Vehicle Make*	
Address*		Vehicle Model*	
Contact Name*		Date Installed:*	
Contact Email:*		Mileage:*	
Contact Phone #*		Date removed:*	
Original Invoice #*		Mileage:*	

Part Number	Serial Number (If applicable)

Part Description

Product Complaint

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Email: warranty@westrans.com

WINNIPEG MB: 515 Oak Point Hwy, R2R 1V2 • Tel: 204-633-9272 • Toll Free: 1-800-463-6461 • Fax: 204-632-6305

REGINA SK: 559 McDonald St. S4N 4X1 • Te: 306-721-7211 • Toll Free: 1-800-667-7211 • Fax: 306-721-7215