



Henderson

Axle Warranty Claim

*Customer Name _____

Claim # _____

*Customer Phone # _____

*Date _____

Dealer Name / Contact _____

Dealer Phone # _____

Trailer Info

Axle Info.

*Mfg. Name _____

Spring Type

Please Select One

Date of Mfg. _____

Torsion

*Date Of Purchase _____

*Last 6 Numbers of Vin _____

*Axle Serial # _____

Mfg. Claim # _____

*Axle Capacity _____

*Description of Claim

* Required Fields