



**Pacific Truck**

RETURN PARTS PREPAID TO:

PACIFIC TRUCK  
11523 186 STREET N.W.  
EDMONTON, AB, T5S 2W6

PHONE: 780-452-6270  
FAX: 780-784-6434

**WARRANTY CLAIM FORM**

COMPLETED FORMS ARE TO BE EMAILED

DATE: \_\_\_\_\_

YOUR REFERENCE NUMBER: \_\_\_\_\_

**CUSTOMER INFORMATION**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**VEHICLE INFORMATION**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

DATE INSTALLED: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

DATE REMOVED: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

**PACIFIC TRUCK PART INFORMATION**

PART NUMBER: \_\_\_\_\_ QUANTITY: \_\_\_\_\_

ORIGINAL SERIAL NUMBER: \_\_\_\_\_ REPLACEMENT SERIAL NUMBER: \_\_\_\_\_

NATURE OF DEFECT (**BE SPECIFIC**): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE DOCUMENTS BELOW **MUST** BE PROVIDED WITH ALL CLAIMS

- COPY OF ORIGINAL INVOICE
- COPY OF WARRANTY FORM (**FILLED OUT**)
- COPY ON LABOUR CLAIM (*IF APPLICABLE*)

**FAILURE TO FILL OUT AND SEND IN THE REQUIRED DOUCMENTATION WILL RESULT IN THE DELAY OF YOUR CLAIM!**