



Truck Commercial Vehicle System
101 South Progress Drive West • Kendallville, IN 46755-3262 USA

TRUCK | EXTENDED WARRANTY CLAIM REQUEST FORM

DATE: _____

RMA CLAIM NUMBER: _____
For office use only

SUBMIT TO Truck Warranty Department



truckwarranty@hendrickson-intl.com



855.743.3733

Toll-free U.S. and Canada

260.349.6431

Outside U.S. and Canada

SOLD TO Customer / Owner Information

Company Name: _____

Contact Name: _____

City, State, Zip: _____

Phone Number: _____

E-mail: _____

CHASSIS INFORMATION

OEM: _____

Model: _____

Model Year: _____

VIN: _____

Odometer: _____

Vocation: _____

Body / Trailer: _____

IMPORTANT NOTES

- Hendrickson Truck Warranty Department **MUST AUTHORIZE** all repairs and services associated with any potential warranty claims before any repairs and services are performed. Failure to obtain such prior authorization may result in partial or complete rejection of the warranty claim.
- Parts to be returned under a warranty claim **MUST BE** accompanied by RMA (Return Material Authorization) claim number issued by the Hendrickson Truck Warranty Department.
- The repair facility is **REQUIRED** to hold the warranty material that is claimed to be defective for **45 days** subject to Hendrickson evaluation. Failure to hold the material may result in partial or complete loss of coverage.
- This form is to be used **ONLY** for filing claims under a Hendrickson Truck Extended Warranty previously purchased by owner of the subject vehicle from Hendrickson.

SHIP TO Repair Facility Information

Company Name: _____

Contact Name: _____

City, State, Zip: _____

Phone Number: _____

E-mail: _____

In-Service Date: _____

Build Date: _____

Suspension Model / Capacity: _____

Suspension Kit No.: _____

Axle Spacing: _____

Axle Model: _____

Lift Axle(s): _____

REASON FOR RMA REQUEST

CAUSAL COMPONENT PART NO.: _____

PROBLEM DESCRIPTION: _____

SUBMIT FORM

www.hendrickson-intl.com