WARRANTY CLAIM FORM

[Company Name]	
[Street Address]	
[City, State, Zip Code]	
[Email]	
[Phone Number]	
[Todays Date]	
[Date of Purchase]	
[Vin Number]	
[Model Number]	
[Front Axle Serial #]	
[Middle Axle Serial #]	
[Rear Axle Serial #]	
[Dealer Name]	
[Dealer Phone]	
[Dealer Email]	
[Dealer location]	
[Warranty Contact Name]	
[Warranty Contact Phone]	
[Warranty Contact Email]	

Description of The Issue:

Suggested Course of Action:

Has repair been completed:

Is product inoperable:

Parts Required:

Labor Estimate:

Name of Repair Shop:

Hourly/Labor Rate Total:

Parts Total:

Estimate Total:

Email to: customerservice@norstarcompany.com *Call us: 877-595-3812*

NOTE: To ensure expedited processing please ensure all highlighted fields are filled out and photos of the issue are provided (if applicable).

All *Warranty* claims must include the VIN. All *Shipping* claims must include a copy of the packing slip.

DEALERS: Please see additional documentation online at Norstardealers.com>Support>Documents