



Parts Warranty Claim Form

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

Date		Original Invoice #	
Customer #		Contact Name	
Company Name		Contact Phone #	
Address		Contact Email:	
City		Vehicle Year	
Province		Vehicle Make	
Postal Code		Vehicle Model	
VIN#		Date Installed:	Mileage:
Serial #		Date Removed:	Mileage:

Part Number	Product Description

Product Complaint

Warranty Inspection Comments (Westrans Only)

Date		Account Credit
Warranty Granted		Credit Card Refund
Name		Cheque Refund

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