

WARRANTY CLAIM

Name _____

Address _____

City _____ St _____ Zip Code _____

Phone _____ Alt Phone _____

Email Address _____

Purchase Date _____ Order # _____

(please include copy of your receipt with warranty claims)

Year _____ Make _____ Model _____

Axle Location? (Front, Rear, Left or Right) _____

Please describe your ride and riding conditions when the product broke.

Please provide as much detail as possible

Return to:
Gorilla Axle Warranty
3145 Grigsby Ford Rd
Malvern, Ar 72104