

# 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 \_\_\_\_\_

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