



Warranty Request Information Form

Customer Information

Company Name: _____ File Date: _____

Contact Person: _____ Contact Email: _____

Contact Phone: _____ Contact Fax: _____

Product Information

Part Number: _____ Serial Number: _____

Invoice Number: _____ Date of Invoice: _____

Date of Installation: _____ Hours/Miles: _____

Date of Removal: _____ Hours/Miles: _____

Vehicle Information

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle VIN: _____

Engine Make: _____ Engine Model: _____ Engine HP: _____

Engine Serial Number: _____

Please Explain the Issue You are Experiencing Related to the Product:

**** Before sending in unit, please call 844-428-8726 in order to be issued an RA number. All warranty units sent in without an RA number will result in delayed processing. Please email this completed form to Joe@tsreman.com or fax to 484-930-0575.**

For Internal Use:
Warranty Claim #: _____
Date: _____
Representative: _____