



# WARRANTY CLAIM AUTHORIZATION REQUEST

FOR OFFICE USE ONLY

DATE		AUTHORIZATION #	
SIGNATURE		DATE	
CREDIT TO ACCOUNT			
CREDIT TO CUSTOMER			
SEND REPLACEMENT PARTS			

## EZ STEP 1: VIN

### VEHICLE INFORMATION

MODEL #	
SERIAL #	2B9
UNIT #	
BWS WORK ORDER #	
BUILT DATE	
IN SERVICE	

## EZ STEP 2: ALL CONTACT INFORMATION

### CUSTOMER INFORMATION

### DEALER INFORMATION

NAME		BUSINESS NAME	
STREET ADDRESS		STREET ADDRESS	
TOWN/CITY		TOWN/CITY	
ZIP/POSTAL CODE		ZIP/POSTAL CODE	
PHONE		PHONE	
EMAIL		EMAIL	
PHONE		PHONE	
CELL		CELL	
		CONTACT PERSON	

## EZ STEP 3: DESCRIBE THE CAUSE AND/OR ISSUE

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## EZ STEP 4: PHOTO COLLECTION

## EZ STEP 5: EMAIL TO BWS

PLEASE SUBMIT WRITTEN REPAIR ESTIMATE WITH AUTHORIZATION FORM TO:

BWS MANUFACTURING LTD. C/O TYLER NICHOLSON, WARRANTY MANAGER	PHONE: (506) 276-1132 FAX: (506) 276-4380
29 HAWKINS ROAD, CENTREVILLE, NB E7K 1A4	warranty@bwatrailers.com