

Warranty Claim Form



- Please complete the following information requested on this form by filling in the appropriate grey boxes.
- Submit the completed form by clicking the “click to email form” button below or print and fax to 205-385-0811.
- All invoices submitted must reference a Fontaine Trailer Company authorization number found below.

Contact Name <i>(Required)</i> :			
Name of Company <i>(Required)</i> :			
Telephone <i>(Required)</i> :		Fax:	
Email Address:			

Shipping Address (Required)			
Street Address <i>(Required)</i> :			
City <i>(Required)</i> :	State <i>(Required)</i> :	Zip <i>(Required)</i> :	

Remit to Address			
PO Box or Address <i>(Required)</i> :			
City <i>(Required)</i> :	State <i>(Required)</i> :	Zip <i>(Required)</i> :	

Trailer Owner	
Trailer Owner:	

Trailer Information			
Vin Number (Last 8): <i>(Required)</i>	In-Service Date (dd/mm/yyyy): <i>(Required)</i>	Trailer Model:	Date of Failure dd/mm/yyyy <i>(Required)</i>

Description of Problem	
Description of Problem <i>(Required)</i> :	

Description of Problem	
Fontaine Authorization Number:	Service Date dd/mm/yyyy): <i>(Required)</i>

Parts Used From Customer Inventory				
Part Number	Quantity	Description	Cost (Each)	Total

Labor Hours	Per Hour Rate	Total

Total
Total Invoice:

Fontaine PartSource Use Only			
Approval:		Date:	