Warranty Claim Form

Date: _____ RA Number _____ *(provided by Behnke Enterprises, Inc.)*

Dealer Name: _____

Address: _____

City _____ State _____ Zip _____

Customer Name: _____

Address: _____

City _____ State _____ Zip _____

Type or Trailer Model: _____ Length: _____

Year of Manufacture: _____ Date of Purchase: _____

Serial Number: _____

Axle Serial Number: _____

Description of adjustment needed: _____

_____

_____

_____

Signed by _____ on this _____ day of _____

FAX (563) 744-9066 or **MAIL TO:** Behnke Enterprises, Inc.
Phone (563) 744-3246 P.O. Box 357
Farley, IA 52046