SUBMISSION FORM **Warranty Claim**

WHO IS SUBMITTING THE FORM

Customer: ☐ Dealer: ☐

Name:		Phone:
Address:		Email:
City:	State:	Zip:

Description of Problem:

Items Requiring Review:

Part #:	Item Description:	Quantity:

Photo Submission:

Photos must be submitted of all items under review. Additional photos may be requested.

Phone: (412) 828-7664 **Email: Vango.warranty@safefleet.net** Fax: (412) 828-7665