

# AXLE WARRANTY CLAIM REQUEST FORM

DN-

Date: \_\_\_\_\_ Customer Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Part#: \_\_\_\_\_ Quantity: \_\_\_\_\_ Date Code: \_\_\_\_\_

Warranty Issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time in Use: \_\_\_\_\_ Vehicle Model Installed on: \_\_\_\_\_

## Information Required Checklist:

- |   |     |                          |
|---|-----|--------------------------|
| Picture of the center of the axle that has PAXL.  | Yes | <input type="checkbox"/> |
| Picture of the entire axle.   | Yes | <input type="checkbox"/> |
| Couple of pictures of the specific issue with the components reasonably degreased / cleaned.    | Yes | <input type="checkbox"/> |
| Pictures of the vehicle the axle was used on.   | Yes | <input type="checkbox"/> |
| Pictures of the vehicle showing the suspension.   | Yes | <input type="checkbox"/> |
| Pictures of the tire showing the tire specifications.   | Yes | <input type="checkbox"/> |
| Brief explanation of what is wrong with the axle or broken.                                     | Yes | <input type="checkbox"/> |
| For fitment issues Picture that show where axle has interference or measure OE axle vs PD axle. | Yes | <input type="checkbox"/> |
| Explanation of which dealer the product is purchased from.                                      | Yes | <input type="checkbox"/> |
| Bill of sale.   | Yes | <input type="checkbox"/> |



1 - COMPLETE ITEM ASSEMBLY



2 - BROKEN COMPONENTS REASONABLY CLEANED/DEGREASED



3 - ALL DAMAGED PARTS INCLUDING ANY PIECES THAT ARE AVAILABLE



4 - PHOTO SHOWING BOOT REMNANTS BLOCKING VIEW.



5 - A CLEAR VIEW OF THE PART NUMBER AND DATE CODE PRINTED ON THE COMPONENT.



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1-905-475-8381