



## WARRANTY CLAIM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

All warranty claims must include a **proof of purchase, photos of the install, the overall unit, and the damaged part(s)**.  
Failure to provide requested information will delay the processing time.  
Phone: 1-877-593-4722 email: [warranty@supremem.com](mailto:warranty@supremem.com)

### DEALER INFORMATION:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Dealer's Name:       | Contact Name:        | Phone:               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address:             | City:                | St/Pro: Zip/Postal:  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### CUSTOMER INFORMATION:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Customer's Name:     | Email:               | Phone:               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address:             | City:                | St/Pro: Zip/Postal:  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### PRODUCT INFORMATION:

|                                |                      |                        |
|--------------------------------|----------------------|------------------------|
| Model:                         | Serial Number:       |                        |
| <input type="text"/>           | <input type="text"/> |                        |
| Date of Purchase:              | Installed by:        | Installed date:        |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>   |
| Description of the problem(s): |                      |                        |
| <input type="text"/>           |                      |                        |
| Part(s) required:              | Quantity:            | Shipping instructions: |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>   |

### INTERNAL USE:

|                      |                                   |  |
|----------------------|-----------------------------------|--|
| Date: ____/____/____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Ship immediately / When available (freight charges) |
|                      | <input type="checkbox"/> Refused  | <input type="checkbox"/> Ship with unit order                                |
| Order number:        | Details:                          |  |
| <input type="text"/> | <input type="text"/>              |  |
| Reviewed by:         | Authorized by:                    |  |
| <input type="text"/> | <input type="text"/>              |  |

Revised 2021/07/30