

# **SLAM SPECIALTIES**

## **Warranty Form**

\*to ensure expedient warranty service, this form MUST be filled out completely and sent WITH the bags for inspection

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Bag information:**

Size (5" 6" 7" 8") \_\_\_\_\_

Model (SS, RE, HE, XS) \_\_\_\_\_

### **Vehicle Information:**

Make/Model of vehicle these parts are used on: \_\_\_\_\_

Mounted in the: Front  Rear

Suspension setup (control arm, over axle, cantilever, etc..) \_\_\_\_\_

### **Describe the issue here:**

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Send this form along with the part you are interested in getting inspected for replacement to:

**Slam Specialties**  
5845 E. Terrace Ave.  
Fresno, CA 93727

Sending in this form does not guarantee a warranty replacement. All warranty submissions are inspected upon receipt, and you will be contacted with our results. For more information call 888-352-5225.

Please review our warranty policy before sending your part in for inspection. Some parts may not qualify for warranty, and the guidelines are stated in our policy.