DDG Warranty Claims

First Name:		Last Name:
Business Name:		Account Number:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	Preferred Contact Method:

For Axle Warranty Claims please fill out the section below		
Sales Order/Invoice Number:		Date of Purchase:
Axle Serial Number(s):		Axle Capacity:
Number of Defective Axles:		Trailer Manufacturer:
Trailer VIN number:		
Trailer Make:	Trailer Model:	Trailer Towing Capacity:
Please describe Defect:		

For Non Axle Warranty Claims please fill out the section below	
Sales Order/Invoice Number:	Date of Purchase:
SKU #:	Quantity:
Please describe Defect:	

DDG Claims Contacts:
Email: DDG-Claims@dextergroup.com
Phone: 903-285-6844
Text: 903-623-6285