

WARRANTY CLAIM FORM

SUPASHOCK EXCEL CONTROL SUSPENSION

First Name

Last Name

E-mail address

Contact Number

Street Address

If you require your product to be shipped back to you, do you give the courier authority to leave the package in a safe place?

Suburb

Postcode

Yes

No

State / Territory

Country

Instructions to leave in a safe place:

ABOUT THE ISSUE

Are you experiencing a visual issue, performance issue, or noise / audible issue?

Visual

Performance

Noise / audible

Which corner(s) exhibit this issue?

Driver's Side Front

Passenger Side Front

Driver's Side Rear

Passenger Side Rear

Please tell us about the issue you are having

Serial Numbers of affected dampers:

I confirm have read, understood and accept the
Supashock Advanced Suspension Warranty Policy

Confirm

Full Name

Date

Signature

Please send a copy this form and any photo or video files that may help with your warranty claim to sales@supashock.com