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Warranty Request

**Vehicle Identification Number (VIN):**

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**Model:**

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**Date of Purchase: Date of Claim:**

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| --- | --- |
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**Who is submitting this claim? Circle one.**

Dealer Customer

Who Should We Contact?

**Contact Name:**

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**Phone:**

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**Email Address:**

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**Dealership:**

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**City: Province:**

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| --- | --- |
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**Email Address:**

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**Phone:**

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**What is the problem with the trailer?**

Please be as specific and detailed as possible and provide pictures of the problem/part.

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**What is the suggested course of action?**

Please be as specific and detailed as possible

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**What is the estimated cost of this Warranty claim?**

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| **\*\*\*For Oasis Trailer Mfg. OFFICE use only\*\*\***  **Date of Claim reviewed :\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**  **Name of Authorized Warranty agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Authorized signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please Circle one:**  **Approved Declined** |