

AXLE WARRANTY CLAIM REQUEST FORM DN-

Date: _____ Customer Name: _____
E-mail: _____ Phone #: _____
Purchased from: _____

Part #: _____ Qty: _____ Installed on (Name, Model & Year): _____
Issue: _____

Time in Use: _____

Information Required Checklist:

(Please note: Warranty claim may not be able to proceed without the below requirement.)

Bill of Sale / Proof of purchase / Invoice / Receipt. Yes

Picture of the center of the axle that has PAXL. Yes

Couple of pictures of the specific issue with the components reasonably degreased / cleaned. Yes



Customersupport1@pdintl.ca

1-905-475-8383

1-905-475-8381