

Warranty Claim Form Instructions



General Notes:

PLEASE PRINT CLEARLY AND LEGIBLY – ILLEGIBLE CLAIMS WILL BE RETURNED FOR CORRECTION.

No Accuride claim will be processed without part number and date code information.

Warranties may be mailed to the address on top of the claim form or be faxed to (270) 831-6131.

Allow 30 to 45 days for processing.

Warranty inquiries should be directed to (888) 770-7282.

It is permissible to attach a numbered list of products listing the information for items (2) through (9).

Claims will be returned for completion of missing or incomplete information.

FOR TECHNICAL ASSISTANCE IN COMPLETING THIS CLAIM, PHONE (800) 869-2275.

(1) Enter the current date.

Product Information:

(Required) (2), (3) Enter the complete Accuride part number and size. Refer to the back side (or second page of a faxed form) of the warranty claim form for information on location of part numbers, date codes and typical stampings.

(Required) (4), (5) Enter the complete date code information from the Accuride wheel or rim. Refer to the back side of the warranty claim form for information on location of part numbers, date codes and typical stampings. **All claims for Butt Weld Leaks will require the rim date code.**

(6) Enter the months of service for which this product has been used. (optional)

(Required) (7) Enter the quantity. Multiple quantities may be used only if the products have a common date code and concern.

(8) Describe the bolt hole chamfer or mounting ring bevel condition. Be as specific as possible.

(Required) (9) Describe the concern. Be as specific as possible. Examples of inadequate descriptions are one-word descriptions such as "leaks," "cracked," "broken," "warped," or "crooked." Mark the drawings on page 2, to clarify the description of your concern.

End User Information:

(Required) (10 through 15) Enter the name of the owner (end user) of the wheel. The owner may be a fleet or owner/operator.

Intermediate Tire Shop Information:

(16 through 22) Enter the name, address, and contact person of intermediate shops such as a tire store or other retail establishment, if appropriate. **An intermediate tire shop is not an acceptable end user.**

Authorized Distributor/Dealership information:

(23), (24) For truck/trailer dealerships, enter the OEM information for your location.

(25) Enter number, which should be referenced for traceability to personalize your claim. This may be your debit number, customer name, or other personalized number.

Important: If you wish to inquire about a claim and refer to your claim (or tracking) number, it must be entered in this box.

Signature:

(Required) (26 through 33) Enter the appropriate information.

(34) Enter your email address if you desire email confirmation of claim receipt and claim processing.



WARRANTY CLAIM FORM
 FORWARD THE ORIGINAL COPY TO:
 Accuride Wheels
 Warranty Claims Department
 2315 Adams Lane
 Henderson, KY 42420
OR
 Fax Transfer to (270) 831-6131

DO NOT WRITE
 IN THIS SPACE

DATE (1)

Special Instructions

PLEASE PRINT CLEARLY AND LEGIBLY – ILLEGIBLE CLAIMS WILL BE RETURNED FOR CORRECTION.

This warranty claim will not be processed without complete information being filled in and sent to Accuride.

No claim shall be granted if the wheel, rim and/or components have been abused or misused; such as overload or run-loose, used with oversized tires or run over-inflated. Customer or distributor must retain part(s) until notified of disposition by Accuride.

Claims may be submitted only by authorized Accuride Distributors or Truck and/or Trailer Original Equipment Dealerships.

PRODUCT INFORMATION

	ITEM ONE	ITEM TWO	ITEM THREE	ITEM FOUR
PART NUMBER	(2)			
RIM OR WHEEL DIAMETER & WIDTH	(3)			
RIM DATE CODE	(4)			
DATE CODE ON MOUNTING RING OR DISC	(5)			
MONTHS OF SERVICE	(6)			
QUANTITY	(7)			

BOLT HOLE CHAMFER OR MOUNTING BEVEL CONDITION?

(8)

CONCERN:

DESCRIBE THE CONCERN BELOW. BE SPECIFIC ON LOCATION OF CONCERN. (SKETCH CONCERNS ON PAGE 2 TO CLARIFY AS NECESSARY)

(9)

FLEET OR OWNER/OPERATOR

NAME OF OWNER (10)		ADDRESS (11)	
CITY (12)	STATE (13)	ZIP CODE (14)	PHONE NUMBER (15)

INTERMEDIATE TIRE SHOP OR OTHER INTERMEDIATE RETAIL SHOP

NAME OF TIRE SHOP (OR INTERMEDIATE RETAILER) (16)		ADDRESS (17)	
CITY (18)	STATE (19)	ZIP CODE (20)	
SIGNATURE (21)		PRINT NAME (22)	

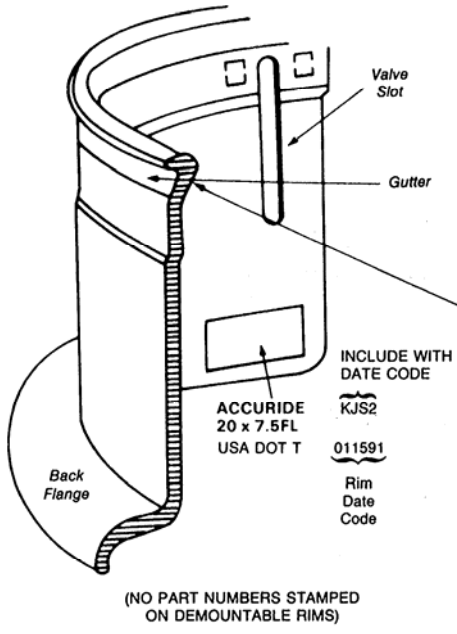
AUTHORIZED ACCURIDE DISTRIBUTOR OR RECOGNIZED TRUCK AND/OR TRAILER DEALERSHIP

COMPLETE ACCURIDE DISTRIBUTOR OR OE DEALERSHP INFORMATION AND ADDRESS IS NECESSARY FOR CREDIT DESIGNATION OR REPLACEMENT

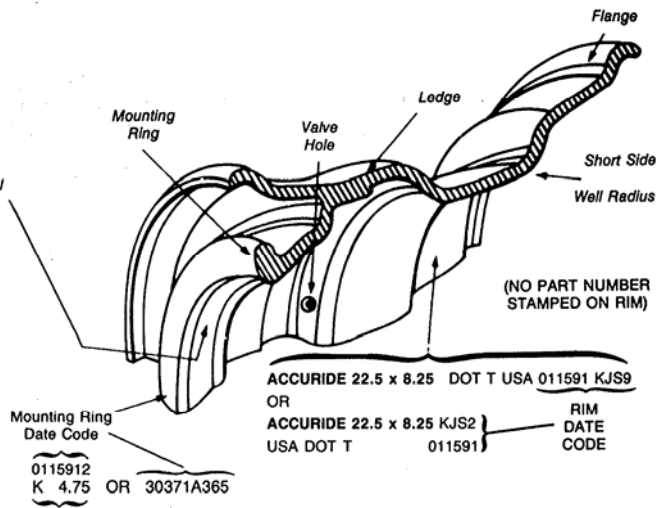
DEALERSHIP FOR: (23)		OE DEALER CODE: (24)	DISTRIBUTOR OR DEALER CLAIM # (25)	
AUTHORIZED DISTRIBUTOR OR ORIGINAL EQUIPMENT MANUFACTURERE'S NAME (26)		PHONE NUMBER (INCLUDE AREA CODE) (27)		
ADDRESS (28)		CITY (29)	STATE (30)	ZIP CODE (31)
SIGNATURE (32)		PRINT NAME (33)	EMAIL ADDRESS (34)	

ACCURIDE WHEELS

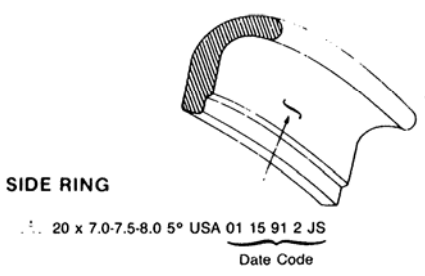
TYPICAL PRODUCT STAMPING SHOWN



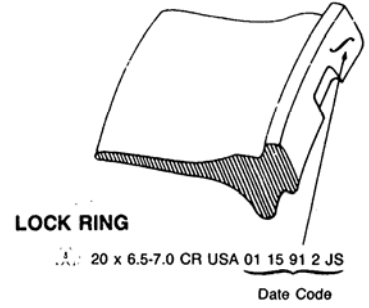
TUBE-TYPE RIM BASE



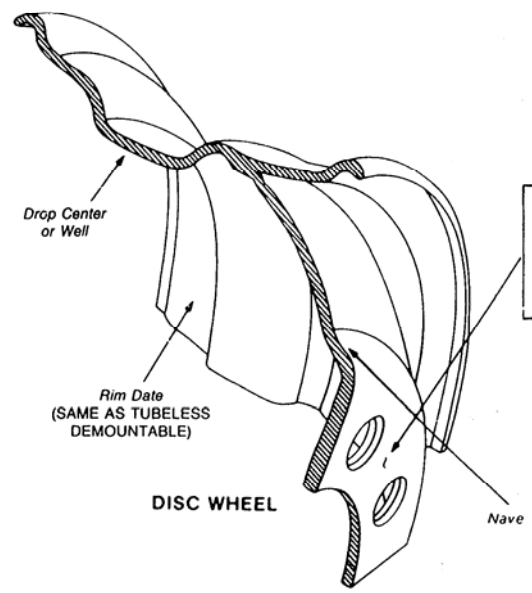
TUBELESS DEMOUNTABLE



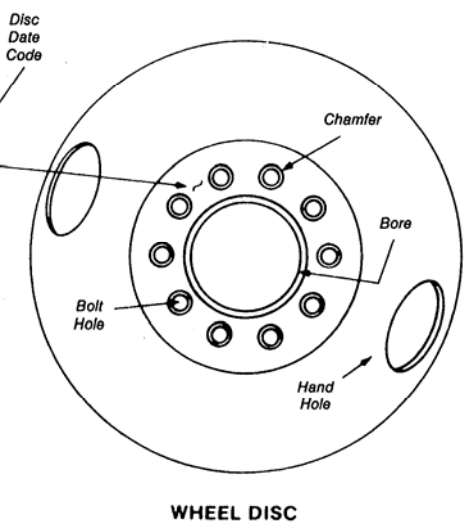
SIDE RING



LOCK RING



DISC WHEEL



WHEEL DISC