

Warranty Claim Form - Air Springs

STEMCO Inc. warrants to Buyer that all components sold will be free from defects in material and workmanship. This warranty is limited to components installed on vehicles licensed for on-highway use under normal use and service. This warranty extends for a period of one year from the date of manufacture.

The Buyer's exclusive remedy under this warranty shall be the repair or replacement of STEMCO components, but not the cost of removal or installation. STEMCO reserves the right to require that all warranty claim components are available and/or returned for review and evaluation. STEMCO shall not be liable for any claim, whether arising from breach of contract or warranty or claims of negligence or negligent manufacture, in excess of the purchase price. In no event shall STEMCO be liable for special, incidental, indirect, or consequential, or collateral, losses or damages of any kind.

This limited warranty is in lieu of all other warranties or conditions, expressed or implied, including any implied warranty of merchantability or fitness for particular purpose. This is the only warranty offered by STEMCO and no STEMCO employee or representative is authorized to extend additional warranty terms on behalf of STEMCO.

- 1.) Complete this form and email to warranty@stemco.com
- 2.) A WRC form will be emailed to you for your return.
- 3.) Send product and a copy of the WRC to: **STEMCO Warranty Dept. - 3524 Southwestern Blvd. - Fairlawn, OH 44333**

Two (2) parts or less with a defect that is anything other than leaking parts can be submitted with photos.

- 1.) Complete this form and email to warranty@stemco.com along with the following photos of defective part(s) for warranty consideration:
 - a. Photo showing part defect
 - b. Photo showing components of air spring. Please send exterior pictures only (do not disassemble the spring)

Important: Hold all parts for 5 business days in case warranty cannot be determined by photos. Notification will be sent if parts are required to be returned.

DATE:	<input type="text"/>	ACCT:	<input type="text"/>	COMPANY:	<input type="text"/>
CONTACT:	<input type="text"/>		EMAIL:	<input type="text"/>	
ADDRESS:	<input type="text"/>			PHONE:	<input type="text"/>
CITY:	<input type="text"/>	STATE:	<input type="text"/>	ZIP:	<input type="text"/>

PART NUMBER	QTY.	DESCRIBE THE FAILURE <i>IN DETAIL</i>