



**TUFFBILT RUBBER TRACKS  
NO HASSLE WARRANTY CLAIM CHECKLIST**

**CUSTOMER INFORMATION:**

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**MACHINE INFORMATION:**

MAKE/MODEL: \_\_\_\_\_  
SERIAL # : \_\_\_\_\_  
TOTAL HOURS ON MACHINE: \_\_\_\_\_

**RUBBER TRACK INFORMATION:**

TRACK PART #: \_\_\_\_\_  
TRACK SERIAL #: \_\_\_\_\_  
TRACK SIZE: \_\_\_\_\_  
TRACK BRAND: \_\_\_\_\_

DATE INSTALLED: \_\_\_\_\_  
DATE OF FAILURE: \_\_\_\_\_  
HOURS AT INSTALLATION: \_\_\_\_\_  
HOURS AT FAILURE: \_\_\_\_\_

**REQUIRED PHOTOGRAPHS:**

TRACKS ON MACHINE:

Example:



TRACK SIZE/SERIAL # STAMP:

Example:



5 OR MORE PHOTOS OF FAILURE:

Example:



CONTRAX EQUIPMENT INC  
106 GUN AVE  
POINTE CLAIRE, QC  
H9R 3X3  
PH: 888-429-4250  
FAX: 514-630-9424

**INTERNAL USE ONLY**

PO#:  
SALES REP:  
RESULT:

DATE OF SALE:  
DATE RECEIVED:  
APPROVED BY:

EMAIL COMPLETED FORM WITH REQUIRED PICTURES TO: [info@contraxequipment.com](mailto:info@contraxequipment.com)