

# Warranty Evaluation Form

## Customer Information

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Vehicle Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Vin Number: \_\_\_\_\_

Options or packages: \_\_\_\_\_

Mileage at time of product install: \_\_\_\_\_

Current mileage on vehicle: \_\_\_\_\_

Vehicle Modifications: \_\_\_\_\_

Other aftermarket suspension parts: \_\_\_\_\_

Tire and wheel size in use: \_\_\_\_\_

**Date of Purchase:** \_\_\_\_\_ **Place of Purchase:** \_\_\_\_\_

*\*Please include a copy of your receipt(s) of purchase.*

## BILSTEIN Part Number(s):

\_\_\_\_\_

\_\_\_\_\_

## Description of Concerns/ Questions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PACK AND SEND YOUR OLD SHOCK(S) BACK TO BILSTEIN AT THE FOLLOWING ADDRESS:**

**BILSTEIN OF AMERICA  
14102 STOWE DRIVE  
POWAY, CA. 92064**

**ATTN: WARRANTY DEPT.**