



WARRANTY CLAIM FORM

Customer Information

Name: _____

Address: _____ City: _____ Zip: _____ Country: _____

Product Purchase Details:

Part number(s): _____

Quantity: _____ Date of purchase (MM/DD/YYYY): ____ / ____ / ____

Place of Purchase (retailer/distributor name): _____

Machine information

Year: _____ Brand: _____ Model: _____

Warranty issue description

Briefly describe the issue:

Service History (*please check one*):

☐ Never serviced

☐ Serviced and/or tuned by a shock specialist

Required Documents (*Include with your submission*):

1. Proof of purchase (receipt or invoice)
2. Photo of the engraving on the shock tube cap
3. Photo clearly showing the issue

Important

This form must be submitted to the distributor or retailer where the product was purchased. Claims sent directly to Len Performance will not be accepted. All fields must be completed and required documents attached to avoid delays