



Warranty Claim Form

YOUR VEHICLE. YOUR COMPANY. YOUR SUCCESS.

www.hadleyadvantage.com

Name and address of submitting customer:

Include copy of in-service date / proof of purchase (retail receipt, repair order).

V.I.N. (Vehicle Identification Number): _____

Year, Make and Model of vehicle: _____

Mileage of vehicle at time warranty claim is made: _____

Date serviced regarding warranty claim: _____

Reason for warranty claim: _____

All Hadley products carry a limited warranty for 12 months from date of purchase. We will repair or replace, at our option, defects in material and workmanship during that period when product and proof of purchase are returned to our service department:

Hadley Products
 Attn; Service Department
 2851 Prairie St. SW, Suite D
 Grandville, MI 49418

Service Department: (616) 249-8462
Main: (616) 530-1717
Fax: (616) 530-3283