

If expedited service is requested, please call to confirm current lead times. Thank you.



105 Baldwinville Rd
Winchendon, MA 01475
978-297-2977 Fax 978-297-2922

Tire Warmer Repair Authorization Form

Please complete form and return with your warmers to address above.

Business Name: (if applicable) _____

Name: _____ Daytime Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

What is the problem with the warmer(s)?

Front _____

Rear _____

[] Please check if you need warmers expedited and include date requested. ____/____/____

Warranty Repair: Check one (Copy of sales receipt required)

[] Within 1 year of purchase date
Purchase Date _____

[] Within 90 days of prior repair
Repair Date _____

I hereby authorize Woodcraft to repair the tire warmer enclosed. If there is any cost I will be notified prior to the start of any work. If the tire warmer damaged is deemed not to be covered by warranty I agree to pay for return freight.

Signature: _____

Out of Warranty Repair:

(Purchase date older than 1 year)

I agree to a total repair cost up to \$100 if the warmer can be fixed. I am responsible for the return freight cost for my warmer whether it may be fixed or not. Any warmer that is not repairable can be traded towards a new warmer at a discount. All Woodcraft tire warmer repairs are warranted for 90 days.

Credit Card # _____

Exp. Date _____ Billing Zip # _____

Signature: _____

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