



STANDARD CLAIM FORM

New Return or Warranty Claim (circle one) Date: _____

DEALER # _____ NAME: _____ CONTACT: _____

B/L#: _____ FRT PREPAID (BY DEALER) \$\$\$ AMOUNT: _____ TRKLINE: _____

CONSUMER NAME/ADDRESS: _____ Purchase Date: _____

DEALER PO#: _____ BRAVEN INVOICE/ORDER#: _____

Table with 7 columns: QTY, STOCK#, DESCRIPTION (SIZE\MODEL), D.O.T. SERIAL#, DWPS, F.E.T., TREAD LEFT

DWPS = DEALER WHOLESALE PRICE - DEALER COST OF TIRE AT TIME OF SALE TO CONSUMER

REASON/EXPLANATION: _____

Please visit https://bravenoffroad.com/pages/refund-policy for Return Procedures

DEALER SIGNATURE: _____ DATE: _____

CONSUMER SIGNATURE: _____ DATE: _____

BRAVEN ISSUED RGA#: _____ BY: _____ APPR: _____

DEALERS - ONCE YOU OBTAIN AN RGA# FROM US - PLEASE FAX TO BRAVEN OFFROAD RETURNS DEPT. 314.621.5396 or EMAIL RETURNS@BRAVENOFFROAD.COM