



PRODUCT EVALUATION FORM

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Fax form and enclose a copy with product to:

Attention: Warranty Dept.
Premier Manufacturing Co.
19500 SW Teton Ave
Tualatin, Oregon 97062
Ph: (503)234-9202 Fax: (503)238-7201

In order for Premier to be as accurate as possible with this product evaluation, please complete these 2 pages in their entirety. IF PORTIONS ARE LEFT BLANK IT WILL LIKELY COMPROMISE OUR ABILITY TO PROCESS THE PRODUCT THOROUGHLY AND COULD NEGATE THE PRODUCT EVALUATION BEING PERFORMED.

If paperwork is not fully completed and received within 45 days after we receive the product, the product will be scrapped/destroyed.

*** PLEASE RETURN ALL PIECES OF THE PRODUCT, REGARDLESS OF CONDITION. ***

DISTRIBUTOR / OEM INFORMATION

Date: _____

DISTRIBUTOR / OEM: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: () _____ Fax: () _____

Email: _____

Model # of item to be evaluated: _____

Additional information / comments: _____



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END USER INFORMATION

END USER: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Was the equipment involved in an accident (circle one): Yes / No If Yes, please explain:

Describe in detail what happened to product & how: _____

Truck & trailer configuration & type: _____

GTW: _____ Tongue weight: _____ Coupling Make & Model #: _____

Drawbar Eye Make & Model #: _____ Is the drawbar hinged (circle one): Yes / No

Application (over the road, off road, combination, etc): _____

Additional information / comments: _____

