

PARTS WARRANTY FORM

(Customer to Complete)

Owner's Name _____

Owner's Address _____

Failed Part Purchased From _____ Invoice Number _____

Vehicle Manufacturer _____

Vehicle Identification Number _____

Installation Date _____ Installation Mileage _____

Installation Made By _____

Failure Date _____ Failure Mileage _____

Failure Repaired By _____

List Part Number Claimed Defective _____

Description of Defective Part _____

Serial Number of Failed Part (If Any) _____

Serial Number of Replacement Part (If Any) _____

Cause of Failure _____

No claim will be considered unless this form is properly completed and signed by the customer.

I understand that this is a request for warranty reimbursement and is not a guarantee of warranty eligibility. I assume full responsibility for payment of this bill should the manufacturer refuse payment. I also confirm that this form has been completed truthfully and to the best of my knowledge.

Customer Signature _____ Date _____

Print Customer Name _____

FOR DEALER USE ONLY:

Claim Number _____ Dealer Code _____