

## WARRANTY CLAIM FORM

Date of Claim			Date of Sale		
Owners Name			Dealer/Technician Name		
Address			Address		
City	State	Zip	City	State	Zip
Customer Phone		Dealer/Technician Phone		Fax	
VIN		Make/Model		Mileage	
PROVIDE DETAILS OF THE CAUSE, AND THE CORRECTION NEEDED TO REPAIR THE UNIT		QTY	PART # / DESCRIPTION		RATE/TIME (if applicable)
1					
2					
3					
4					
5					
6					
7					
<b>CLAIM PROCEDURES</b> <ol style="list-style-type: none"> <li>1. Complete this form and fax to (260) 846-4449</li> <li>2. A Warranty Registration Card with corresponding Bill of Sale must be on file or the claim will not be submitted to the manufacturer.</li> <li>3. The Warranty Claim will be submitted to the manufacturer (this claim is subject to manufacturer approval)</li> <li>4. The defective part(s) must be returned if requested.</li> <li>5. Most claims are processed within 30 days. You will receive written notification if claim is denied.</li> </ol>					
Date	Authorized Dealer/Technician Signature			Phone	