



CUSTOMER CLAIM REQUEST

LTR-101

Total Amount Requested \$ _____ Number of Labor Hours: _____

WAREHOUSE INFORMATION	
Date: _____	Account #: _____
Company Name: _____	RGM#: _____
City, State: _____	Contact: _____
Phone Number: _____	Phone Number: _____

JOBBER INFORMATION	
Date: _____	Company Name: _____
City, State: _____	Contact: _____
Phone Number: _____	Phone Number: _____

INSTALLER INFORMATION	
Date: _____	Company Name: _____
City, State: _____	Contact: _____
Phone Number: _____	Phone Number: _____

VEHICLE INFORMATION			
Owner Name: _____	Year: _____	Make: _____	Model: _____
Phone Number: _____	Engine Size: _____	Brakes: <input type="checkbox"/> Power <input type="checkbox"/> Manual	Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual
Power Steering: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4X4	Turbo: <input type="checkbox"/> Yes <input type="checkbox"/> No	A/C: <input type="checkbox"/> Yes <input type="checkbox"/> No
			CARB: <input type="checkbox"/> E.F.I. <input type="checkbox"/> P.F.I.
			Other: _____

PRODUCT INFORMATION	
Part Number: _____	Date of Installation: _____
Date of Failure: _____	Odometer Reading: _____
	Odometer Reading: _____

Problem with Original Unit: _____

Problem with CARDONE Unit (in detail): _____

I M P O R T A N T

The individual filing this claim must read and sign the reverse side of this form.
The alleged defective unit must be shipped, including all paperwork, to the address on the reverse side of this form.

Form: 93-0734-99
Orig Date: Unknown
Rev Date: 2/13/07
Rev #: 2