

DATE _____

RETURN # _____



WARRANTY CLAIM REQUEST

This form **MUST** be completed **IN FULL** with a copy of the **original "end user/vehicle owner's" invoice/work order** they received upon completion of repairs. Incomplete requests will be delayed or denied.

BRANCH INFORMATION (CIRCLE ONE)

REGINA, YORKTON, ESTEVAN, WEYBURN, MLF.

CONTACT: _____

DEPARTMENT: (CIRCLE ONE) ORDER DESK, PAINT, SERVICE, OUTSIDE SALES, FRONT COUNTER

PHONE # / EXT . _____

INSTALLER INFORMATION

COMPANY NAME: _____

ACCOUNT: _____

CITY / ADDRESS: _____

PHONE #: _____

BRAND/ LINE CODE: _____

(check all boxes that apply)

PART WAS CREDITED ON INVOICE # _____

PART WAS EXCHANGED ON INVOICE # _____

CREDIT IS PENDING APPROVAL:

ORIGINAL INSTALLATION WORKORDER INCLUDED

REPLACEMENT WORKORDER INCLUDED

(If either is missing do not take part from customer)

ORIGINAL INVOICES INCLUDED

VEHICLE / PART INFORMATION

OWNER NAME: _____

PHONE NUMBER: _____

VIN #: _____

EMAIL: _____

YEAR: _____ MAKE: _____ MODEL: _____ ENGINE: _____

PART # _____

QUANTITY: _____

DATE OF INSTALLATION: _____

ODOMETER READING: _____

DATE OF FAILURE: _____

ODOMETER READING: _____

PROBLEM WITH ORIGINAL UNIT: _____

PROBLEM WITH REPLACEMENT UNIT IN DETAIL: _____