

# PARTS REPLACEMENT WARRANTY REQUEST



Must be filled out clearly and completely to receive warranty consideration. Please print in black or blue ink only.  
NOTE: WARRANTY CLAIMS CAN TAKE UP TO 120 DAYS. TOP COPY - COMPANY BOTTOM COPY - CUSTOMER

**DATE** \_\_\_\_\_

## CUSTOMER INFORMATION

Customer: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ PROV: \_\_\_\_\_ PC: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone Extension #: \_\_\_\_\_

## TRUCK OR TRAILER INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Complete 17 digit VIN: \_\_\_\_\_

Engine Parts Only: \_\_\_\_\_ Engine Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

## PART INFORMATION

Original purchase date: \_\_\_\_\_

Original part invoice#: \_\_\_\_\_ Replacement part invoice#: \_\_\_\_\_

*(Replacement invoice from authorized dealer is required for refund requested claims).*

Part failed date: \_\_\_\_\_

KMs on vehicle when part was installed: \_\_\_\_\_

KMs on vehicle when part failed: \_\_\_\_\_

Part description: \_\_\_\_\_

Part number: \_\_\_\_\_

Failed component serial number (if applicable): \_\_\_\_\_

Reason for failure (please be clear and descriptive): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Customer signature >

CUSTOMER RECEIVED PARTS Yes  No  Date \_\_\_\_\_

VG use only

Refund due? Yes  No  Warranty tag#: \_\_\_\_\_

Core credit due Yes  No  Core credit invoice#: \_\_\_\_\_

Part received by (please print): \_\_\_\_\_

Manager Approval: \_\_\_\_\_