

Signature

## **WARRANTY CLAIM FORM**

 $V[ \acute{A} \~a\~a\~aee^ \acute{A}es \acute{$ 

CUSTOMER DETAILS						
Name						
Street Address						
City				State	Zip	
Telephone			Email			
Vehicle Make	Model		Year		Engine	
VIN#						
PRODUCT DETAILS  Order # (Important)			Where did you purchase your product?			
Part Brand	Part # or Model ID		Date of Purchase		Date of Install	ation
Mileage at Installation Mileage at Problem		Date of Part Problem				
Define Problem						
				Enclosed is packaging	s the part in the and proof of pu	e original urchase (receipt)

Date