REQUEST FOR WARRANTY REIMBURSEMENT FORM:

Please fill in form <u>completely</u> and have required supporting documentation attached to insure prompt processing, or it will be returned to you for completion or corrections.

	<u>Type of claim</u> :	
Defective part (part purchased over the counter)	New vehicle Warranty	(If applicable) Your RO #
Cus	stomer/ vehicle info:	
Customer Name:	Phone:	
Date of original purchase:	Mileage at original install:	
Date the part failed:	Mileage at Fail date: _	
Vehicle make:	Last 6 of VIN #:	
Original Purchase/ Repair Order Invoice # (or attach	copy if purchased elsewhere):	
<u>Replacement</u> Invoice # (<i>if you purchased a replacement</i>	<i>ut</i> for failed part):	
Check here <u>only</u> if you took a part out of your o	wn stock and need a replacem	ent – instead of a credit.
	Failure Info:	
<u>COMPLAINT</u> (symptom or nature of defect):		
<u>CAUSE</u> (why or how did it fail?):		
<u>CORRECTION</u> (what you did to correct problem):		
Name of part (ex: slack adjuster)		
Where is part located on vehicle (ex: LH steer axle, Re	ear/ Rear Drive Axle):	
Re	<u>simbursement Info</u> :	
Did you: Repair part R	eplace part	
<u>Is repair completed?:</u> Yes No CUST	TOMER SIGN HERE:	
*** Note: Normally we simply credit your account for the you). This credit will take place in most cases prior to 90		

is called back for inspection). In some rare cases (beyond our control), it may take a bit longer***
If you want to be credited by check (cash reimbursement), check here: ______ Add your complete mailing address on

back. We cannot issue a refund without your complete contact information!

FLEET MAINTENANCE INC. – attn: Warranty Dept. 67 Ransier Drive West Seneca, NY 14224 Phone: 716-675-9220 or 1-800-347-4231 Fax: 716-675-5710