

DOBBS TRUCK GROUP



APPLICATION FOR PARTS WARRANTY

No claim will be considered unless this form is properly completed and signed by the customer.

CUSTOMER NAME: _____ ACCOUNT NO: _____

CUSTOMER ADDRESS:

PHONE: _____

TRUCK MAKE & MODEL: _____ 17 DIGIT VIN: _____

ENGINE MAKE & MODEL: _____ ENGINE S/N: _____

MILEAGE AT INSTALLATION: _____ CURRENT MILEAGE: _____

DATE PART PURCHASED: _____ ORIGINAL INVOICE NO: _____

DATE PART RETURNED: _____ RE-BILL INVOICE NO: _____

FAILED PART NO. & DESCRIPTION:

PART SOURCE: PACCAR CUMMINS CAT MACK VOLVO OTHER: _____

WHAT IS WRONG WITH THE PART? WHAT IS THE CUSTOMER COMPLAINT & WHAT CAUSED IT? BE SPECIFIC:

****** PLEASE NOTE: ALL PARTS WARRANTY CLAIMS ARE SUBJECT TO THE MANUFACTURER'S TERMS & CONDITIONS. REIMBURSEMENT OR ACCOUNT CREDIT WILL BE MADE WHEN CREDIT IS RECEIVED FROM THE MANUFACTURER. ******

I understand that this is a request for warranty reimbursement and is not a guarantee of warranty eligibility. I assume full responsibility for payment of this bill should the manufacturer refuse payment. I also confirm that this form has been completed truthfully and to the best of my knowledge.

CUSTOMER SIGNATURE: _____ DATE: _____

DEALER REPRESENTATIVE: _____ DATE: _____

ATTACH COPY OF ORIGINAL AND REBILL INVOICES AND WARRANTY PARTS TAG