

WARRANTY REQUEST FORM

**ALL REQUESTS MUST BE APPROVED PRIOR TO ANY WORK PERFORMED ON
AMREP INC EQUIPMENT**

AMREP WARRANTY CLAIM# _____ CUSTOMER WARRANTY CLAIM # _____ DATE _____

CLAIMANT INFORMATION

CUSTOMER NAME _____

END USER: _____

ADDRESS _____

CONTACT NAME _____

PHONE NUMBER _____

VEHICLE INFORMATION

CHASSIS MODEL AND VIN # _____

BODY MODEL AND SERIAL # _____

REQUESTED WARRANTY

___ REPAIR ONLY ___ SEND REPLACEMENT PART ___ SEND SERVICE TECHNICIAN

PART DESCRIPTION AND SERIAL NUMBER IF AVAILABLE _____

IF PART PURCHASED FROM AMREP, PLEASE SUPPLY INVOICE NUMBER _____

COMPLAINT (PLEASE BE AS DETAILED AS POSSIBLE)

FOR AMREP USE ONLY

WARRANTY

- APPROVED / ACTION
 - SEND REPLACEMENT PART AT NO CHARGE
 - SEND REPLACEMENT PARTS WITH REQUEST FOR DEFECTIVE PARTS
 - LABOR ONLY
- DENIED / REASON _____

FREIGHT TO BE PAID BY

- AMREP
- CUSTOMER

QTY OF LABOR HOURS APPROVED _____ @ \$50 HR

WARRANTY APPROVED BY: _____ APPROVAL DATE _____