

**SERVICE PARTS WARRANTY REQUEST CLAIM FORM**

Mack Trucks Inc.  
Volvo Trucks North America

Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Failed Part Purchased From \_\_\_\_\_ Invoice Number\* \_\_\_\_\_  
Replacement Part Purchased From \_\_\_\_\_ Invoice Number\* \_\_\_\_\_

**Vehicle Information:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
VIN # \_\_\_\_\_  
Parts Installation Date: \_\_\_\_\_ Mileage When Installed: \_\_\_\_\_  
Parts Installed By: \_\_\_\_\_  
\*Part Failure Date: \_\_\_\_\_ Mileage at Failure: \_\_\_\_\_  
Repaired By: \_\_\_\_\_  
Failed Part Name \_\_\_\_\_ P/N \_\_\_\_\_  
Original Serial Number of Part if available \_\_\_\_\_  
Replacement Serial Number of New Part if available \_\_\_\_\_  
Engine Serial Number (**Mandatory for Cummings Engine Claims Only**) \_\_\_\_\_

<b>Complaint:</b>	
<b>Cause:</b>	
<b>Correction:</b>	

**\*If Electronic Component – Description of Fault Codes to be Provided** \_\_\_\_\_  
No claim will be considered unless this form is properly completed and signed by the customer. 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.

**\* Note: Warranty claims must be filed within 30 days of the failure date even though parts are warranted for one year from the date of purchase**

Customer Signature \_\_\_\_\_ Date: (DD/MMM/YYYY): \_\_\_\_\_

Print Customer Name: \_\_\_\_\_  
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**FOR DEALER USE ONLY:**

Claim Number: \_\_\_\_\_ Dealer Code: \_\_\_\_\_

**\*\*\*PLEASE SEE BELOW WARRANTY CLAIM RETURN INSTRUCTIONS\*\*\***

- 1) A copy of the original purchase invoice and replacement purchase invoice must accompany the part being returned.
- 2) Over the counter parts/service parts are limited to an exact replacement of the purchased part unless the original purchased part is superseded in the part system.
- 3) Parts are warranted for one year from the date of purchase.
- 4) **Claims NOT submitted within 30 days of failure are VOID of coverage.**
- 5) Electronic components may be denied warranty if submitted without fault codes/print out.
- 6) For AC compressors and any other Major components, serial number of the failed part must be recorded on the claim form.
- 7) **Please fill out the Credit Card Authorization form at the back to Expedite Refunds.**

# CREDIT CARD AUTHORIZATION

You are hereby authorized to charge our credit card as set out below as payment of our account.



## Company Information

Company Name:		
Street Address:		
City:	Province:	Postal Code:
Account Number:		
Email Address:		

## Credit Card Information

Cardholder Name:		
Card Number:		
Expiry Date:		Security Number:

## Amount Authorization

### One-Time Authorization

Amount:	
Invoices:	

or see Statement attachment.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

HST Number required for a full  
Core Credit to Customers  
Without a VTG Credit Account: \_\_\_\_\_



300 Steelwell Rd.  
Brampton, ON. L6T 5T3  
Phone: 905-459-6409  
Fax: 905-4507101



1220 Franklin Blvd.  
Cambridge, ON. N1R 8B7  
Phone: 519-653-7161  
Fax: 519-621-2356



330 South Service Rd.  
Stoney Creek, ON. L8E 2R4  
Phone: 905-561-4565  
Fax: 905-664-7054



1445 Sise Rd.  
London. ON. N6N 1E1  
Phone: 519-649-1771  
Fax: 519-649-1021