

To be Filled Out by Parts Personnel



___ Jacksonville ___ North Florida Western Star ___ Lake City ___ Waycross

PARTS REPLACEMENT WARRANTY INFO.

FOR ALL VENDORS EXCEPT VOLVO

As your dealer we are committed to aggressively pursue your warranty claim.

Customer Info.

Date: _____

Cust. #: _____

Phone Number(s): _____

Customer Name: _____

Customer Address: _____

Truck/Parts Info.

Truck Vin: _____

Truck Make: _____

(Trans - Diff)

Engine ser#: _____

(If applicable)

Original Purchase Date: _____

Mileage: _____ **Inv. #:** _____

Current Purchase Date: _____

Mileage: _____ **Inv. #:** _____

Primary Failed Part #: _____ Part # Description: _____

Complaint: _____

Cause or Description of Failure: _____

Parts Person to Contact: _____

Was old part tagged and placed in warranty hold area? ___Yes ___No

Did customer purchase a replacement part and due a refund? ___Yes ___No
If Yes, How should Refund be Issued?

Credit Account: _____ Send Check: _____ Other: _____

If No, was customer given a free replacement part for the failed part? ___Yes ___No

If Yes, What Invoice # was billed to Warranty? _____

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 claim should the manufacturer refuse payment.

Customer or Authorized Person's Signature

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