

DETROIT DIESEL WARRANTY SYSTEM ACCESS REQUEST FORM



PLEASE COMPLETE the form by clicking to the right of "Dealer Name" and tabbing to each field. Once completed please FAX to:

Detroit Diesel Corporation

Warranty ID Administration

FAX: (313) 592-5458

(You cannot save this form with the fields filled in but you can print with fields filled.)

Company Information

Dealer Name:	<input type="text"/>		
Dist/Dealer Ten Digit Code:	<input type="text"/>	FLLC Code:	<input type="text"/>
Mailing Address (P.O. Box if applicable):	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip/Postal Code:	<input type="text"/>
		Country:	<input type="text"/>

Security Administrator Information

(If this information is missing, the Request will be discarded)

Security Administrator Full Name:	<input type="text"/>
Security Administrator Email Address:	<input type="text"/>
Security Administrator Extranet ID:	<input type="text"/>
Security Administrator Signature:	<input type="text"/>

New User Warranty Access Contact Information

Contact Full Name:	<input type="text"/>		
Email Address:	<input type="text"/>		
Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Extranet ID: (Pre Requisite)	<input type="text"/>		
Create Claims: (Please check appropriate box)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	<input type="text" value="01/08/2016"/>