

PARTS WARRANTY REQUEST FORM

DUAPARTS

Must be filled out clearly and completely to receive warranty consideration. Please print in black or blue ink only.
NOTE: WARRANTY CLAIMS CAN TAKE UP TO 120 DAYS. TOP COPY - COMPANY BOTTOM COPY - CUSTOMER

DATE _____

CUSTOMER INFORMATION

Customer: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Phone Extension #: _____

TRUCK INFORMATION

Make: _____ Model: _____

Complete 17 digit VIN: _____

Engine Parts Only: _____ Engine Model: _____

Serial Number: _____

PART INFORMATION

Original purchase date: _____

Original part invoice#: _____ Replacement part invoice#: _____

(Replacement invoice from authorized dealer is required for refund requested claims).

Part failed date: _____

Miles on vehicle when part was installed: _____

Miles on vehicle when part failed: _____

Part description: _____

Part number: _____

Failed component serial number (if applicable): _____

Reason for failure (please be clear and descriptive): _____

Customer signature >

CUSTOMER RECEIVED PARTS Yes No Date _____

Duaparts use only

Refund due? Yes No Warranty tag#: _____

Core credit due Yes No Core credit invoice#: _____

Part received by *(please print)*: _____

Manager Approval: _____