



WARRANTY CLAIM REQUEST FORM

Contact Information

Business Name:		Phone #:
Contact Person:		Date:
Make/Model:		Year:
Body Number OR VIN :		
Vehicle Mileage:		Include Pictures/Estimates:

WORK DESCRIPTION

COMPLAINT

CAUSE:

CORRECTION:

LABOR REQUESTED	YES	NO	IF "YES" PLEASE PROVIDE INVOICE
LABOR (HRS) REQUESTING	LABOR RATE	LABOR TOTAL	COMMENTS
SUB-TOTAL =			

PARTS SECTION

PART(S) REQUIRED/#:	DESCRIPTION	PARTS TOTAL	
SUB-TOTAL =			
TOTAL =			

Submit form to claims@a-zbus.com

This authorization request must be accompanied by all relevant documents required to analyse this request. (Photos, estimates, etc.)