

	03/19
Claim #	
Return #	

CUST								
	OMER NAME		DE	ALER NAME_				
ADDRESS				ACCOUNT NO				
CITY_		STATE ZIP_	PH	ONE		FAX_		
PHON	IE	FAX	PE	RSON TO CO	NTACT			
CHEC	K ONE COMME	RCIAL CONSUMER	SIC	GNATURE				
DISTE	RIBUTOR		PA	RT PURCHAS	ED			
ADDRESS								
CITYSTATEZIP			l l					
SIGNATURE								
DEALER LABOR RATE LEVEL				DATE FAILED HOURS PART USED				
EQUII	PMENT MANUFACTUR	RER						
DESC	RIPTION					MOD	DEL NO	
SERIA	AL NO		EN	IGINE MAKE_				
ENGI	NE MODEL NO		SP	EC OR TYPE	NO			
DESC	RIPTION OF AND PRO	DBABLE CAUSE OF FAILURE <i>(WOI</i>	BD DEFECTIVE N	OT SUFFICIE	NT)			
DLOC	THE HON OF AND THE	DABLE GAGGE OF TAILOTTE (WO)	ID DEI EOTIVE IV	01 0011 1012	(11)			
WOR	K PERFORMED IN DE	TAIL						
			DEALER	I	LABOR			
QTY.	PART NO.	DESCRIPTION	DEALER COST	TOTAL	LABOR HOURS		STENS USE ONLY	
QTY.	PART NO.	DESCRIPTION	I	TOTAL			STENS USE ONLY	
QTY.	PART NO.	DESCRIPTION	I	TOTAL			STENS USE ONLY	
QTY.	PART NO.	DESCRIPTION	I	TOTAL			STENS USE ONLY	
QTY.	PART NO.	DESCRIPTION	I	TOTAL			STENS USE ONLY	
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QTY.	PART NO.	DESCRIPTION	I	TOTAL			STENS USE ONLY	
QTY.	PART NO.	DESCRIPTION	I	TOTAL			STENS USE ONLY	
QTY.	PART NO.	DESCRIPTION	COST				STENS USE ONLY	
		1	I			•		
STEN	S USE ONLY	WARRANTY CREDIT	STENS USE C	ONLY	HOURS		INVOICE NO	
STENS.	S USE ONLY	WARRANTY CREDIT PARTS	STENS USE C	DNLY  REIGHT	HOURS			
STENS D/B_ S/G_	S USE ONLY	WARRANTY CREDIT PARTS LABOR	STENS USE C	ONLY  REIGHT HRS @ RATE_	HOURS	_/HOUR	INVOICE NO	