



Warranty Claim FORM

INSTALLER/RETAILER (providing warranty replacement) This section must be completed to ensure credit.

Retailer Name Telephone

Installer Name Telephone

Address

City, State/Province Zip/Postal Code

A. CONSUMER INFORMATION

Consumer Name

Address

City, State/Province Zip/Postal Code

The minimum requirements for a consumer to be eligible for Warranty coverage are:

- To be the Original purchaser of the qualifying **QBAutomotive** products.
- To present the Consumer's Bill of Sale for the original purchase of the qualifying **QBAutomotive** products which clearly has part number and other customer information (a copy will need to be submitted with warranty claim documentation).

Note: Consumer retains original Bill of Sale as documentation for future warranty needs

Consumer Signature Print Name

Replacement Date (MM/DD/YY) Consumer Telephone ()

B. VEHICLE DETAIL INFORMATION

Year	Make	Model	Sub Model

C. REPLACEMENT PART NUMBER

Original Part Number	Replacement Part Number	Quantity	Product Defect Code*	Product Date Code	Original Installation Mileage	Original Date of Purchase	Present Mileage

***PRODUCT DEFECT KEY:** 01 = Leaking Fluid-RC 02 = Broken Unit-Both 03 = Noisy-Both 04 = Worn Out-Both 05 = Changeover-Both 06 = Other-Both 07 = Binder-RC 08 = No Gas-RC 09 = Fit-Both 10 = Appearance-Both 12 = Air Leak-Both 13 = Ride-RC 14 = Customer Satisfaction-Both 15 = Broken Unit-Both 16 = Loose Internals-EC (Baffles) 17 = Roving Blow Out-EC

If "Other-Both" (06) is used as defect code, please provide detailed description.

INSTRUCTIONS TO INSTALLER/RETAILER You will need to complete all sections of this form to ensure credit. Attach the following to the QBAutomotive Warranty Claim form and return to the supplier for credit: 1. Copy of **Consumer's Bill of Sale** for original purchase 2. Part numbered **box end flaps** 3. **Parts** removed must be returned to supplier