



DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

### WARRANTY CLAIM FORM

**CONTACT INFORMATION:**

Business Name: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**VEHICLE INFORMATION:**

Vehicle VIN # (Last 8 digits): \_\_\_\_\_

Work Order #: \_\_\_\_\_

Mileage: \_\_\_\_\_

Salesperson: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Ship Date: \_\_\_\_\_

**WARRANTY PROBLEM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



<p><b><u>For Commercial/Full Size Vehicles:</u></b>          Fax form to: 330-745-9240          Email to: Matt.Yates@driverge.com</p>	<p><b><u>For Consumer/Minivans/Taxis:</u></b>          Fax form to: 330-861-0281          Email to: Marcus.Popp@driverge.com</p>
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**FOR WARRANTY DEPT. USE ONLY:**

Location Fixing Problem: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_