



WARRANTY CLAIM FORM

DATE: _____ INVOICE #: _____

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

VEHICLE CHECK LIST:

ENGINE TURNS OVER?	<input type="radio"/> YES	<input type="radio"/> NO
ENGINE STARTS?	<input type="radio"/> YES	<input type="radio"/> NO
ENGINE RUNS?	<input type="radio"/> YES	<input type="radio"/> NO
VEHICLE DRIVES?	<input type="radio"/> YES	<input type="radio"/> NO
UPSHIFTS?	<input type="radio"/> YES	<input type="radio"/> NO
DOWNSHIFTS?	<input type="radio"/> YES	<input type="radio"/> NO
STUCK IN GEAER?	<input type="radio"/> YES	<input type="radio"/> NO
WILL NOT STAY IN GEAR?	<input type="radio"/> YES	<input type="radio"/> NO
HARD SHIFTS?	<input type="radio"/> YES	<input type="radio"/> NO

DETAILED DESCRIPTION OF PROBLEM:
