



Analysis/Labor Claim Procedure

1. To acquire Analysis Form (RC-CS.7.2). A Customer Service representative will Fax or Email you a copy of the form. Call (800) 280-2737

2. You should ship the unit via Fed Ex, UPS, or any National carrier freight PPD

To:

BBB Industries, LLC

C/O Maquila Automotive

9601 International Blvd

Pharr, TX 78577

Attn: Warranty Analysis Dept.

VICTOR LEMUS

All returns must have the following paper work attached if compensation is requested.
(Missing or incomplete information may result in the request being denied or refused.)

A: RGN#

B: Original Repair Order

C: Warranty Repair Order

D: Original Sales Receipt

E: Warranty Sales Receipt

F: Analysis Form (RC-CS.7.2) must be completely filled out.

G: Package Label (RC-CS-7.2A) must be attached to package

(Use of any other form than the BBB form may result in compensation credit being denied or refused)

Requests are processed on an individual basis. Please allow 30 Day processing period.

Analysis responses will be mailed with a copy of the credit to the billing address of the account initiating the claim, unless noted on the BBB Form (RC-CS.7.2).

BBB Industries – Committed to Quality!

(RC-CS.7.2)

page 1



Analysis/Labor Claim Form

Please select: Labor Claim Warranty Analysis Only Freight Claim

Account#		Account Name	
Servicing DC Name		Contact Person	
RGN#	Phone#	Email	
Address			
Street	City	State	Zip Code

Vehicle Information – Please fill out as much as known

Year	2 Wheel Drive	<input type="checkbox"/>
Make	4 Wheel Drive	<input type="checkbox"/>
Model	Manual Transmission	<input type="checkbox"/>
Engine	Automatic Transmission	<input type="checkbox"/>
Mileage		

Defective Part#	QTY
Date Installed	Date Removed
Mileage at Install	Mileage at Removal

Labor Summary

Customer Labor Rate
Labor Time Required
Total Labor \$ Requested

Send to:
 BBB Industries, LLC
 C/O Maquila Automotive
 9601 International Blvd.
 Pharr, TX 78577
 Attn: VICTOR LEMUS

**Clearly Identify as Analysis and/ or Labor Claim, Return unit UPS or FEDEX PPD
 To address above *** This form must accompany the return *****

Original Sales Invoice Enclosed	Replacement Sales Invoice Enclosed
Original Repair Bill Enclosed	Replacement Repair Bill Enclosed

Description of Problem-Include symptoms and any diagnosis performed to determine defect.
