



Labor Claim Form

*Total Amount Requested: _____

WAREHOUSE INFORMATION

*Date: _____ *RGA#: _____
 *Account #: _____ *Contact: _____
 *Company Name: _____ Fax #: _____
 *Street Address: _____ *Phone #: _____
 *City/State: _____

JOBBER INFORMATION

*Date: _____ *Contact: _____
 *Company Name: _____ *Phone #: _____
 *City/State: _____

INSTALLER INFORMATION

*Date: _____ *Contact: _____
 *Company Name: _____ *Phone #: _____
 *City/State: _____

VEHICLE INFORMATION

*Owner Name: _____ *Phone #: _____
 *Year: _____ *Make: _____ *Model: _____
 *VIN #: _____ *Engine Size: _____
 *Power Brakes: _____ *Power Steering: _____ *Transmission: _____
 * FWD RWD 4X4 *Turbo _____ * CARB: E.F.I P.F.I

PRODUCT INFORMATION

*Part #: _____
 *Date of Installation: _____ *Odometer Reading: _____
 *Date of Failure: _____ *Odometer Reading: _____

Problem with Original Unit: _____

Problem with Replacement Unit: _____

IMPORTANT: Unit must be shipped with all corresponding paperwork

***Required Fields**