



CUSTOMER CLAIM REQUEST

LTR-101

Parts must be professionally installed by a service center to qualify for labor reimbursement.

Total Labor Requested \$ _____ Total Additional Parts Requested \$ _____ Does claim involve an accident? Yes No

WAREHOUSE INFORMATION Date: _____ RGM#: _____

CARDONE Acct #: _____ Contact: _____

Company Name: _____ Email: _____

City, State: _____ Phone Number: _____

JOBBER INFORMATION Store #: _____

Date: _____ Contact: _____

Company Name: _____ Email: _____

City, State: _____ Phone Number: _____

INSTALLER INFORMATION Date: _____ Contact: _____

Company Name: _____ Email: _____

City, State: _____ Phone Number: _____

VEHICLE INFORMATION

Owner Name: _____ Email: _____

VIN: _____ Phone Number: _____

Year: _____ Make: _____ Model: _____ Engine Size: _____

Brakes: Power Manual Transmission: Automatic Manual

Power Steering: Yes No A/C: Yes No

FWD RWD 4X4 CARB: E.F.I. P.F.I.

Other: _____

If labor claim is related to brake or steering system, please provide brand of fluid/coolant used: _____

Part Number: _____

Date of Installation: _____ Odometer Reading: _____

Date of Failure: _____ Odometer Reading: _____

Problem with Original Unit: _____

Problem with CARDONE Unit (in detail): _____

I M P O R T A N T

The individual filing this claim must read and sign the reverse side of this form.
The alleged defective unit must be shipped, including all paperwork, to the address on the reverse side of this form.

Form: LTR-101
Orig Date: Unknown
Rev Date: 1/31/14
Rev #: 6



Claims will be honored if the unit meets the following requirements and is found to be defective in material or workmanship by our Quality Engineering Laboratory. Credit will be issued to remove and replace the unit according to CARDONE Industries' labor reimbursement policy for this product.

To be eligible for labor reimbursement:

1. The unit **must** be returned within 6 months or 6,000 miles (9656 km), whichever comes first, from the date of purchase.
2. The unit **must** be shipped via UPS/FEDEX to the correct CARDONE facility. To locate the correct shipping location, please login to MyCARDONE at cardone.com, click "forms" and select [Labor Claim Ship-to Locations](#). Or, you may call Customer Service at 800-777-4780.

IMPORTANT NOTE: Units shipped to an incorrect location will cause delays in processing your claim.

3. The claim **must** have this LTR-101 form filled out completely, including the **ORIGINAL RECEIPT** (date of purchase) and **ALL REPAIR RECEIPTS**.
4. The unit **has not** been disassembled, missing parts, altered, misused, damaged, installed improperly, installed on a vehicle for which it was not designed, installed on a racing or high-performance vehicle or a commercial (fleet) vehicle.

****** *Claims that do not meet these requirements will be issued unit credit only at the discretion of CARDONE Industries.*

I hereby certify that the information on this form is true and correct and that I have complied with proper installation procedures and instructions to ensure proper installation.

Name of person submitting claim (please print)

Signature

Date