

## Warranty Claim For Defective Parts

Fax this completed form to Warranty at Excellance 256 772-8792

Call Excellance at 256 772-9321 if you need assistance completing this form.

Today's Date: \_\_\_\_\_ Owner of Unit: \_\_\_\_\_

Excellance Unit Number: \_\_\_\_\_ Vehicle Mileage: \_\_\_\_\_

VIN: \_\_\_\_\_

Repair / Service Shop: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
(for UPS delivery)

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*All repair work for which Excellance will be billed must first be authorized by  
Excellance, Inc. Please be sure that this form is complete, no areas left blank.*

Description of part or component	Manufacturer and Part or Model Number	Serial Number	Description of Problem

Warranty Claim Number: \_\_\_\_\_ Date Claim Received: \_\_\_\_\_