



PARTS WARRANTY CLAIM FORM

Complete this form in full and attach a copy of the original invoice of the failed part

SHOP NAME: _____ CONTACT: _____

ADDRESS: _____

- ORIGINAL INVOICE #: _____
- NEW INVOICE #: _____
- VIN: _____
- MILEAGE AT INSTALLATION: _____
- CURRENT MILEAGE: _____

CONCERN (customer complaint): _____

CAUSE OF FAILED PART: _____

CORRECTION (what was done to determine the cause/failure of the part? (What test were performed including readings, measurements, descriptive locations and indicators, etc...):

Completed form must be returned to your parts counter representative for approval.

All Star parts representative approved by: _____ Date: _____