



# SOURCE ONE P A R T S C E N T E R

## Warranty Request Form

Date \_\_\_\_\_

Company Name / Location : \_\_\_\_\_

Contact : \_\_\_\_\_ Phone : \_\_\_\_\_

IDS Part # : \_\_\_\_\_ Qty \_\_\_\_\_ Serial # : \_\_\_\_\_

Unit Description :  Turbo  Injector  Fuel Pump  \_\_\_\_\_

IDS Original Invoice # : \_\_\_\_\_ Invoice Date : \_\_\_\_\_

Date of sale to end user (dealers only) : \_\_\_\_\_

Date Installed : \_\_\_\_\_ Hours / Km's : \_\_\_\_\_

Date Removed : \_\_\_\_\_ Hours / Km's : \_\_\_\_\_

Vehicle Year / Make / Model : \_\_\_\_\_

Was a Replacement Purchased? \_\_\_\_\_ S1 Invoice # \_\_\_\_\_

Equipment down - Replacement or Repair Required: YES  NO

Customer Complaint / Reason for Claim : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                   |                |                                   |                                 |             |
|-------------------|----------------|-----------------------------------|---------------------------------|-------------|
| Internal Use Only | <b>Claim #</b> |                                   |                                 |             |
|                   | Warranty       | Accepted <input type="checkbox"/> | Denied <input type="checkbox"/> | Other _____ |
|                   | Technician :   | _____                             |                                 |             |
|                   | Notes :        | _____                             |                                 |             |