



E RIDE PRO WARRANTY CLAIM FORM

CUSTOMER INFORMATION

Name: _____ Phone # _____ E-Mail Address: _____
 Street Address: _____ City: _____ Zip code: _____ State: _____
 Dealership Name _____ or Repair Shop Name _____

SHIPPING INFORMATION

ENTER SHOP ADDRESS BELOW FOR SHIPPING – IF SHIPPING TO CUSTOMER LEAVE BLANK

Street Address: _____ City: _____ Zip code: _____ State: _____

WARRANTY NEEDED

Today's Date: _____ Purchase Date: _____
 Year: _____ Model: _____ Mileage: _____

VIN #

Customer Concern: _____

Dealer Diagnosis: _____

PART #	PART NAME	PART #	PART NAME

Technicians Printed Name: _____ Signature: _____ Date: _____
 Administrative Printed Name: _____ Signature: _____ Date: _____

E-RIDE PRO TECH SUPPORT ONLY

INTERNAL NOTES : _____

PARTS SHIPPED WITH DATES SHIPPED OUT : _____

