

RETURN PARTS PREPAID TO: PHONE: 780-452-6270

WARRANTY CLAIM FORM

FAX: 780-784-6434

	YOUR REFERENCE NUMBER:		
	CUSTOMER INF	ORMATION	
COMPANY:		CONTACT NAME:	
ADDRESS:			
PHONE:	FAX:	E-MAIL:	
	VEHICLE INFOR	MATION	
YEAR: MAKE:	MODEL:		
DATE INSTALLED:	MILEAGE:	_	
DATE REMOVED:	MILEAGE:	_	
	PACIFIC TRUCK PART I	NFORMATION	
PART NUMBER:	QUANTITY:	_	
ORIGINAL SERIAL NUMBER:	REPLACEMENT SE	ERIAL NUMBER:	
NATURE OF DEFECT (BE SPECIFIC) :		
IF WARRANTY IS DENIED, INIT	IAL HERE TO HAVE PART SEI	NT BACK TO YOU COLLECT:	_
THE	OCUMENTS BELOW MUST BE	PROVIDED WITH ALL CLAIMS	

- **COPY OF ORIGINAL INVOICE**
- COPY OF WARRANTY FORM (FILLED OUT)
- COPY ON LABOUR CLAIM (IF APPLICABLE)

FAILURE TO FILL OUT AND SEND IN THE REQUIRED DOUCMENTATION WILL RESULT IN THE DELAY OF YOUR CLAIM!

- Be sure to attach a physical copy of this completed form to the parts being sent, and send a digital copy to your sales rep.
- All Fluids in Core or Warranty Returns must be drained before shipping to Pacific Truck. Any Returns received with Fluids not drained will either be rejected and returned, or have an environmental and shop fee charged for drainage and disposal of the fluids.