



1555 S. CUCAMONGA AVE. ONTARIO, CA. 91761 PH: 909-923-0430 FAX: 909-923-2583

AMREP INC. WARRANTY REQUEST PROCEDURE

ALL REQUESTS MUST BE APPROVED PRIOR TO ANY WORK PERFORMED ON AMREP INC. EQUIPMENT

RECEIVED BY: _____

WARRANTY CLAIM#: _____

1. CONTACT AMREP INC. PARTS & SERVICE DEPARTMENT

- A) LUIS FLORES (PRIMARY CONTACT) 909-923-0430 EXT. 120
- B) FRANCISCO JIMINEZ (SECONDARY CONTACT) 909-923-0430 EXT. 121
- C) IGNACIO SILVA (SECONDARY CONTACT)

2. CLAIM INFORMATION

- A) COMPANY NAME: _____
- B) ADDRESS: _____
- C) CONTACT NAME: _____
- D) PHONE NUMBER: _____

3. VEHICLE INFORMATION

- A) CHASSIS MODEL & VIN: _____
- B) BODY MODEL & SERIAL#: _____

4. PART FOR WARRANTY

REPAIR ONLY SEND REPLACEMENT SEND SERVICE TECHNICIAN

- A) PART DESCRIPTION AND SERIAL#: _____ INV# _____ (IF APPLICABLE)

5. COMPLAINT INFORMATION (PLEASE BE AS DETAILED AS POSSIBLE)

6. CUSTOMER SIGNATURE: _____

ALL REQUESTED WILL BE EVALUATED AND DETERMINED FOR WARRANTY. ALL WARRANTY WILL BE LIMITED TO AMREP INC. WARRANTY POLICY. FOR FURTHER INFORMATION ON AMREP INC. WARRANTY POLICY PLEASE REFER TO CERTIFICATE PROVIDED WITH YOUR UNIT.

FOR AMREP INC. USE ONLY

WARRANTY APPROVED _____ DENIED _____

REASON DENIED: _____

QTY OF LABOR HOURS APPROVED FOR WARRANTY: _____

PARTS APPROVED FOR WARRANTY: _____

WARRANTY APPROVED BY: _____ APPROVAL DATE: _____