

Warranty Claim For Parts and Labor

Fax this completed form to Warranty at Excellance 256 772-8792

Call Excellance at 256 772-9321 if you need assistance completing this form.

Today's Date: _____ Owner of Unit: _____

Excellance Unit Number: _____ Vehicle Mileage: _____

VIN: _____

Repair / Service Shop: _____

Shipping Address: _____
(for UPS delivery)

Contact Name: _____

Telephone Number: _____ Fax Number: _____

All repair work for which Excellance will be billed must first be authorized by Excellance, Inc. Please be sure that this form is complete, no areas left blank.

Description of problem including part number and serial number of part or component if applicable.	Estimated Hours	Hourly Rate	Excellance Authorization

Warranty Claim Number: _____ Date Claim Received: _____