



DATE: _____

TIME: _____

WARRANTY CLAIM FORM

CONTACT INFORMATION:

Business Name: _____

Customer Name: _____

Phone Number: _____

Email: _____

VEHICLE INFORMATION:

Vehicle VIN # (Last 8 digits): _____

Work Order #: _____

Mileage: _____

Salesperson: _____

State/Zip: _____ Ship Date: _____

WARRANTY PROBLEM: _____



<p><u>For Commercial/Full Size Vehicles:</u> Fax form to: 330-745-9240 Email to: Matt.Yates@driverge.com</p>	<p><u>For Consumer/Minivans/Taxis:</u> Fax form to: 330-861-0281 Email to: Marcus.Popp@driverge.com</p>
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FOR WARRANTY DEPT. USE ONLY:

Location Fixing Problem: _____

Contact: _____

Phone #: _____

Address: _____

City/State/Zip: _____