

Warranty Labor Claim Request



716 S. Frio
San Antonio, Texas 78207

DC: Poppe Automotive Warehouse, INC. Factory RGA #:

Jobber (Co. Store): Account #:
Contact Name: CM#:

Installer: Contact Name:
Address: Phone:
Fax:

Vehicle Owner Name:
Address:

Vehicle Information
Year Make Model Engine Carb.
AC Brakes Turbo FWD RWD
4WD Trans. Vin # license #

Failed Part Information
Mfg.: Part#:
Date of installation
Date of Failure
Mileage at Installation
Mileage at failure

Why was original unit installed?

Describe the problem with the unit - include symptoms and any diagnosis performed.

Labor rate \$ X Labor Hrs. = Total Claim \$

Check List - Include all supporting documentation with this completed form.

Copy of original work order Copy of original sales invoice
Receipt of credit/cash refunded Copy of replacement sales invoice
Alleged defective part Credit Memo

Note: Electrical or Air-conditioning claims must include Diagnostic information sheet.
Drain and properly dispose of all fluids before shipping used product.
For air-condition claims - must show proof of purchase of receiver dryer and orifice tube.
All claims must be processed through Jobber (Co. Store).