

GFS Warranty Claim Form

Authorization Code _____

Customer Information:

- Customer Name _____ - _____
- Vehicle: Make/Model/VIN _____ - _____ - _____
- System Description _____

Dealer Information:

- Servicing Dealer Name _____
- Dealer Contact Name/ Number _____ - _____
- Original Purchase/Install Dealer _____ - _____
- Date the unit was installed _____

Repair Information:

- TSB Bulletin Number (Y , N) # _____
- GFS Authorizing Agent (Name) _____ Date ____/____/____
- Date the part failed _____
- Invoice or receipt number from purchase _____
- Operation (1) Part that Failed _____
 - a. Serial number on Part (1) _____
 - b. Estimated labor to replace (2) _____
 - c. Operation comments (2):

- Operation () Part that Failed _____

- a. Serial number on Part () _____

- b. Estimated labor to replace () _____

- c. Operation comments ()

- Operation () Part that Failed _____

- a. Serial number on Part () _____

- b. Estimated labor to replace () _____

- c. Operation comments ()

- Additional claim comments:

*Please include a copy of the invoice.