

1140 INVICTA DRIVE  
OAKVILLE, ONT L6H 6G1  
Phone (905) 845-3444  
Fax (905) 845-8655



## Warranty Request Form

Date \_\_\_\_\_

Company Name / Location : \_\_\_\_\_

Contact : \_\_\_\_\_ Phone : \_\_\_\_\_

Part # : \_\_\_\_\_ Qty \_\_\_\_\_ Serial # : \_\_\_\_\_

Unit Description :  Turbo  Injector  Fuel Pump  \_\_\_\_\_

Original Invoice # : \_\_\_\_\_ Invoice Date : \_\_\_\_\_

Date Installed : \_\_\_\_\_ Hours / Km's : \_\_\_\_\_

Date Removed : \_\_\_\_\_ Hours / Km's : \_\_\_\_\_

Vehicle Year / Make / Model : \_\_\_\_\_

Was a Replacement Purchased? \_\_\_\_\_ Invoice # \_\_\_\_\_

Customer Complaint / Reason for Claim : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Industry Diesel Use Only

Warranty Accepted  Denied  Other \_\_\_\_\_

Technician : \_\_\_\_\_

Notes : \_\_\_\_\_

\_\_\_\_\_