

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



## Warranty Request Form

Date \_\_\_\_\_

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

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

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

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

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

Date of sale to end user (dealers only) : \_\_\_\_\_

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

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

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

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

Equipment down - Replacement or Repair Required: YES  NO

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Industry Diesel Use Only	<b>RO #</b>
Warranty Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Other _____	
Technician : _____	
Notes : _____	