



# Warranty Claim Form

Please ship all items to: CRP Industries, Attn: Automotive Claims 35 Commerce Drive Cranbury NJ 08512

<b>Your Information</b>		CRP Customer # _____
Company Name: _____		Your RGN No.: _____
Street Address: _____		Contact Person: _____
City, State: _____		Phone Number: _____
Email Address: _____		Fax Number: _____

<b>Installer Information</b>	
Company Name: _____	Contact Person: _____
City, State: _____	Phone Number: (     )     -
	Fax Number: (     )     -

<b>Vehicle Information</b>			
VIN: _____			
Year: _____	Make: _____	Model: _____	
Sub Model: _____	Engine Type: _____	Engine Size: _____	
Power Steering: _____ Yes     _____ No	Transmission: _____ Automatic     _____ Manual		

<b>Product Information</b>	
Kit Number _____	
Part Number: _____	
Purchase Date: _____	Return Date: _____
Date Installed : _____	Mileage when Installed: _____
Date of Problem: _____	Mileage when Problem Occured : _____
Description of Problem : _____	
_____	
_____	
Claimed Amount 1. Cost of Parts _____	
2. Other Expenses _____	
3. Total Claimed Amount _____	

<p>Please include the following along with the part/s:</p> <p>(    ) Original Purchase Receipt for Part</p> <p>(    ) Receipt for the original installation</p> <p>(    ) Receipt for the second purchase (If applicable)</p> <p>(    ) Receipt for the second installation (If applicable)</p> <p>Any missing or incomplete information will delay processing of the claim.</p> <p><b>Parts will be disposed of 30 days after claim disposition unless requested back</b></p> <p>If you have any questions regarding this form please contact Automotive Claims at 609-578-4100</p>
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