

Parts Replacement Warranty Request Form

Must be filled out clearly and completely to receive warranty consideration. Please print in black or blue ink only.

NOTE: WARRANTY CLAIMS CAN TAKE UP TO 120 DAYS.



BUSWEST

DATE _____

CUSTOMER INFORMATION

Customer: _____
Contact Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone number: _____ Phone Extension #: _____

SCHOOL BUS INFORMATION

Make: _____ Model: _____
Complete 17 digit VIN: _____
Engine Parts Only: _____ Engine Model: _____
Serial Number: _____

PART INFORMATION

Original purchase date: _____
Original part invoice#: _____ Replacement part invoice#: _____
(Replacement invoice from authorized dealer is required for refund requested claims).
Part failed date: _____
Miles on vehicle when part was installed: _____
Miles on vehicle when part failed: _____
Part description: _____
Part number: _____
Failed component serial number (if applicable): _____
Reason for failure (please be clear and descriptive): _____

Customer signature >

BusWest use only

CUSTOMER RECEIVED PARTS Yes No Date _____

Refund due? Yes No Warranty tag#: _____

Core credit due Yes No Core credit invoice#: _____

Part received by (please print): _____

Manager Approval: _____

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