## **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.



DATE	<b>BUSWEST</b>
CUSTOMER INFORMATION	
Customer:	
Contact Name:	
Mailing Addrage	
City:	
Phone number:	
SCHOOL BUS INFORMATION	
Make:	
Complete 17 digit VIN:	
Engine Parts Only:	Engine Model:
DART INCORNATION	Serial Number:
PART INFORMATION	
Original purchase date:	Replacement part invoice#:
Original part invoice#:	dealer is required for refund requested claims).
•	dealer is required for retaind requested claims).
Miles on vehicle when part was in	nstalled:
	:
	(if applicable):
	ar 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#:
O	
Manager Approval:	

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