

Warranty Claim For Parts and Labor

Fax this completed form to Warranty at Excellance 256 772-8792

Call Excellance at 256 772-9321 if you need assistance completing this form.

Today's Date: _____ Owner of Unit: _____

Excellance Unit Number: _____ Vehicle Mileage: _____

VIN: _____

Repair / Service Shop: _____

Shipping Address: _____
(for UPS delivery)

Contact Name: _____

Telephone Number: _____ Fax Number: _____

*All repair work for which Excellance will be billed must first be authorized by
Excellance, Inc. Please be sure that this form is complete, no areas left blank.*

Description of problem including part number and serial number of part or component if applicable.	Estimated Hours	Hourly Rate	Excellance Authorization

Warranty Claim Number: _____ Date Claim Received: _____