

## **OVER THE COUNTER WARRANTY REQUEST**

## PLEASE FILL OUT COMPLETELY AND FAX TO (816) 453-7607

CIRCLE ONE:	DTNA	FORD	CAT	CUMMINS	DETROIT	BLUE DIAMOND	
ACCOUNT # _							
CUSTOMER NAM	E						
ADDRESS _							
CITY	STATE				ZIP		
PHONE #		BUSINESS #			CELL #		
VEHICLE MAKE _	ICLE MAKE MODEL				YEAR		
(	(COMPLETE V	IN# NEEDED	. ENGINE	SERIAL# IS ALSO	NEED IF RELATEI	D TO ENGINE)	
VIN #							
ESN #							
ORIGINAL CUSTO	MER PAY INVO	DICE #			-		
ORIGINAL INSTAL	L MILEAGE						
FAILURE DATE OF	THE PART						
MILEAGE AT TIME	OF PART FAII	URE					
DESCRIPTION OF	FAILURE						
****	FILL O	UT COMPLI	ETELY OR	WARRANTY M	IAY BE DENIED	*****	
CUSTOMER SIGNATURE					DATE		