

DRIVE TRAIN WARRANTY CLAIM

Please complete this form and email to your salesperson or fax it to 217-500-3171.

Please provide photos/videos of damage and/or codes present to help expedite the claim process.

Customer Name/Contact:	
Phone/Email:	Invoice #
Type of Warranty Purchased:	
Date Product Installed:	Date of Claim:
Miles at Point of Install:	Miles at Time of Claim:
Who installed the product? (Company Name)	
What was wrong with the customer's original product or t	the reason for purchasing this one?
What codes were present PRIOR TO installing the Y-Yard p	product?
Briefly describe what steps were taken during the installar removed? Was any programming completed?	tion process. Were any parts swapped over or
Did you test drive the vehicle after the Y-Yard product was during test drive?	s installed? If so, what issues were present
Please list any diagnostic codes present FOLLOWING the incodes indicate?	nstallation of the Y-Yard product. What do the
Is this product repairable? TO BE COMPLETED BY	V VARD
URG Warranty Claim #: Date Approved:	N/A Date Denied:
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