



CUSTOMER VEHICLE WARRANTY INFORMATION FORM

STORE

TODAY'S DATE

CUSTOMER INFORMATION

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
PHONE #1	PHONE #2	

VEHICLE DESCRIPTION

YEAR	MAKE	LICENSE	FILTER #
MODEL	ENGINE	MILEAGE AT TIME OF SERVICE	
ALLEGED PROBLEM DATE		CURRENT ODOMETER READING	
INVOICE NUMBER	DATE	MILES SINCE LAST SERVICE	

CAUSE / DESCRIPTION OF INCIDENT

HOW WAS THE ISSUE RESOLVED? WAS VIOC CUSTOMER CARE INVOLVED? AMOUNT PAID?

SIGNATURES

SIGNED	SIGNED
NAME	NAME