



# Parts Warranty Information Sheet

Date: \_\_\_\_\_ Parts Associate: \_\_\_\_\_ Branch: \_\_\_\_\_

Alltrux: Yes No Alltrux Out of Box Claim: Yes No

Alltrux Damaged or Part Number Received in Fusion: \_\_\_\_\_

Alltrux Original Purchase Order Number (if available): \_\_\_\_\_

Alltrux Reason for Claim: \_\_\_\_\_

How are we refunding customer? \_\_\_\_\_

If part is denied, is the customer willing to pay return freight? \_\_\_\_\_

Customer Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Failed Part Number: \_\_\_\_\_

ID Markings: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

17 Digit VIN: \_\_\_\_\_ Engine Serial Number: \_\_\_\_\_

Required for All Claims

Required for Engine Part Claims

Original Purchase Date: \_\_\_\_\_ Original Invoice Number: \_\_\_\_\_

Miles at Purchase \_\_\_\_\_ Miles at Replacement: \_\_\_\_\_

Required for All Claims

Required for All Claims

Replacement Purchase Date: \_\_\_\_\_ Replacement Purchase Invoice Number: \_\_\_\_\_

Complaint of Failure, Engine Fault Code, and Troubleshooting Followed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cause/Failure Reason: \_\_\_\_\_

Engine Hours \_\_\_\_\_ Required for MX Claims

Customer Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_