



**JCL International, LLC**

2667 Northaven Rd, Dallas, TX 75229 Tel: 972-243-8668 Ext 107 Fax:972-243-2844

**Warranty Claim Form**

Claim No: _____
(Internal Use)

Dealer Name _____	Ship to Name _____
Address 1 _____	Address 1 _____
Address 2 _____	Address 2 _____
City _____	City _____
State _____ Zip: _____	State _____ Zip: _____
Tel: _____	Tel: _____

Note \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Item	Product Information	Claim Type	Defect Description
1	Model No: _____ Vin #: _____	<input type="radio"/> Shipping Damage <input type="radio"/> DOA <input type="radio"/> Warranty Coverage	
	Parts Claim: _____		
2	Model No: _____ Vin #: _____	<input type="radio"/> Shipping Damage <input type="radio"/> DOA <input type="radio"/> Warranty Coverage	
	Parts Claim: _____		
3	Model No: _____ Vin #: _____	<input type="radio"/> Shipping Damage <input type="radio"/> DOA <input type="radio"/> Warranty Coverage	
	Parts Claim: _____		
4	Model No: _____ Vin #: _____	<input type="radio"/> Shipping Damage <input type="radio"/> DOA <input type="radio"/> Warranty Coverage	
	Parts Claim: _____		
5	Model No: _____ Vin #: _____	<input type="radio"/> Shipping Damage <input type="radio"/> DOA <input type="radio"/> Warranty Coverage	
	Parts Claim: _____		