



Pacific Truck

RETURN PARTS PREPAID TO:

WARRANTY CLAIM FORM

PACIFIC TRUCK
11523 186 STREET N.W.
EDMONTON, AB, T5S 2W6

PHONE: 780-452-6270
FAX: 780-784-6434

DATE: _____

YOUR ORIGINAL INVOICE NUMBER: _____ YOUR REFERENCE NUMBER: _____

CUSTOMER INFORMATION

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____

DATE INSTALLED: _____ MILEAGE: _____

DATE REMOVED: _____ MILEAGE: _____

PACIFIC TRUCK PART INFORMATION

PART NUMBER: _____ QUANTITY: _____

ORIGINAL SERIAL NUMBER: _____ REPLACEMENT SERIAL NUMBER: _____

NATURE OF DEFECT (**BE SPECIFIC**): _____

THE DOCUMENTS BELOW **MUST** BE PROVIDED WITH ALL CLAIMS

- COPY OF ORIGINAL INVOICE
- COPY OF WARRANTY FORM (**FILLED OUT**)
- COPY ON LABOUR CLAIM (*IF APPLICABLE*)

Please note: failure to fully complete the claim form, and send the required supporting documentation listed, will result in your warranty claim's rejection and the part(s) returned collect to you.