Bendix CVS Canada Inc. TPMS
Richmond, British Columbia, Canada

Date:	Filled Out By:	Account Number:
OEM/Distributor/Dealer Name:		
Address: City:	State:	Zip:
Customer Name:		
Address: City:	State:	Zip:

Warranty Claim Information (All Sections Must Be Completed)

Vehicle Information

Year:	Make:	Model:	Mileage:

Product Information

Date of Purchase	Date of Failure	Date of Repair

DETAILED DESCRIPTION OF FAILURE/REASON FOR CLAIM
(DO NOT SAY DEFECTIVE)

Dealer Signature:

Parts Replaced (Items Checked Must Be Returned to Factory)

Part No.	Serial #	Quantity	Description

Warranty Labour	Hours/Description	Rate	Total
		Total Labour Allowance	
Explain & Attach Receipts for "Other Credits"		Other Credits	
		Total	

RMA

IMPORTANT

1. Claim Must Be submitted within 90 Days of Failure
2. Fill Out One Claim Form for Each Claim
3. Hold Parts Until RMA # Has Been Issued
4. Attach Dated Proof Of Purchase

Smartire Use Only

Defect Found?	√	Amount
Total Parts		
Total Labour & Other Credits		
Total Credits		

Return Parts By:	
□ FedEx	□ Claim Approved
□ Purolator	□ Issue Credit
□ UPS	□ Replace Parts
□ Other	□ Claim Denied
	□ Scrap
	□ Return

Credit Note/ Invoice #