

INICTAL I ED/DETALI ED

Installer/Retailer Warranty Claim FORM

Revised: Effective 05/01/05

Telephone ()			.) This section in	ast be completed to	0 61136	ne credit.		
Telephone ()	Installer	Name						
Address									
City, State/Province				Zip/Postal Code					
A. CONSUMER	INFORMATION								
Consumer Name									
Address									
City, State/Province			Zip/Postal Code						
The minimum requir	ements for a consume	er to be eligible fo	r Warranty cover	age are:					
To present the information (a c	nal purchaser of the qu Bill of Sale for the orig copy will need to be su ains original Bill of Sal	ginal purchase of Obmitted with war	the qualifying Ter ranty claim docu	nneco Automotive mentation).	products which cle	early h	as part number a	nd other customer	
Consumer Signature				Print Name					
Replacement Date (MM/DD/YY)				Consumer Telephone ()					
B. VEHICLE IN	FORMATION								
Vehicle YEAR: Example 1993 MAKE: Example Chevrolet				MODEL: Example Lumina					
C. REPLACEME	ENT PART NUMB	ER							
Original Part Number	Replacement Part Number	Quantity	Product Defect Code*	Product Date Code	Original Installation Milea	age	Original Date of Purchase	Present Mileage	
If "Other-Both" (06) is used as defect cod	le nlease provido	datailed descrip	tion					
	, is used as delete coe	na, preude provide	*PROD 01 = Lo 02 = E 03 = N 04 = V	UCT DEFECT KEY: eaking Fluid-RC Broken Unit-Both Noisy-Both Worn Out-Both Changeover-Both	06 = Other-Both 07 = Binder-RC 08 = No Gas-RC 09 = Fit-Both	12 = . 13 = 14 =	Appearance- Both Air Leak-Both Ride-RC Customer Satisfaction-Both	15 = Broken Unit- Both 16 = Loose Internals EC (Baffles) 17 = Roving Blow Out-EC	

INSTRUCTIONS TO INSTALLER/RETAILER

You will need to complete all sections of this form to ensure credit. Attach the following to the Tenneco Automotive Warranty Claim form (TA-10023-0405) and return to the supplier for credit:

- Copy of Bill of Sale for original purchase
- Part numbered box end flaps
- Parts removed must be returned to supplier







