



# 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: \_\_\_\_\_  
Required for all claims

Engine Serial Number: \_\_\_\_\_  
Required for Engine Part Claims

Original Purchase Date: \_\_/\_\_/\_\_\_\_

Original Invoice Number: \_\_\_\_\_

Miles at purchase: \_\_\_\_\_  
Required for Engine Part Claims

Miles at replacement: \_\_\_\_\_  
Required for Engine Part Claims

Replacement Purchase Date: \_\_/\_\_/\_\_\_\_

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

Complaint of Failure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Customer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_