

Nuss Truck & Equipment- Part Replacement Warranty Form

1-866-NUSS-GRP

ROCHESTER, MN

FAX: 507-288-9006

PH: 507-288-6151

MANKATO, MN

FAX: 507-345-1472

PH: 507-345-7030

ST, CLOUD, MN

FAX: 320-258-0833

PH: 320-253-6941

ROSEVILLE, MN

FAX: 651-633-3094

PH: 651-636-4948

EAU CLAIRE, WI

FAX: 715-874-4777

PH: 715-874-5000

DULUTH, MN

FAX: 218-628-1822

PH: 218-628-0333

BURNSVILLE, MN

FAX: 952-894-1619

PH: 952-894-9595

Date _____ Account# _____ Customer Name _____

Address: _____ Phone# _____

City _____ State _____ Zip _____ Contact Name _____

Make _____ Model _____ S/N _____ Year _____

Failed Part Number _____ S/N _____

Replacement part complete both columns, if original part complete OEM lines

Original repair date _____ Replacement or OEM repair date _____

Original invoice # _____ Replacement invoice # _____

Mileage/ or VCE hours at time original part was installed _____ Trucks mileage only
VCE hours only

Mileage/ or VCE hours replacement or OEM part installed _____

Major component. Model and serial of replacement _____

All repairs require a complaint, cause and a brief description of repair process:

What symptom occurred that caused you to make a repair (example: engine noise, code, grinding sounds) _____

What caused symptom (part that failed and how did it fail) _____

List Diagnosis / Repair steps _____

Completed form and part must be returned within 14 days of purchase.

Completed form and failed part must be returned within 14 days of purchase or the claim will be denied. No claims will be submitted or processed without receipt of forms and failed part. Please return part in the original box whenever possible. Claim settlement or part return will occur after Manufacture has reviewed and processed claim. No claim will be considered unless this form is properly completed and signed by customer.

I understand that this is a request for warranty reimbursement and is not a guarantee of warranty eligibility.

I assume full responsibility for payment of this invoice should the manufacturer refuse payment. I also confirm that this form has been completed truthfully and to the best of my knowledge.

Customer Signature: _____ Date: _____

visit <http://www.nussgrp.com/> for additional forms