



# Parts Warranty Claim Form

**Cardinal Bus Sales & Service, Inc.**

6280 Harding Hwy, SR 309

Lima, Ohio 45801

(800) 742-4287 (419) 225-5552



**Please fill out the following information to receive credit for parts**

**Submit claim within 14 days of repair, late claims can be denied**

**Attach copies of invoices for part claimed**

School Name: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Body #/VIN: \_\_\_\_\_

Part #: \_\_\_\_\_

Mileage: \_\_\_\_\_

Install Date: \_\_\_\_\_

Fail Date: \_\_\_\_\_

Repair Date: \_\_\_\_\_

Description of Part Failure: \_\_\_\_\_

<b><u>For Office Use Only</u></b>		
Part #: _____	Replacement Invoice: _____	Claim#: _____
Component #: _____	Part Amount: _____	
Coverage: _____	Freight Amount: _____	
	Total: _____	
Price: _____	Date Cust. Credited: _____	Submitted: _____
Qty: _____	Invoice #: _____	RMA #: _____
Freight: _____	Amount: _____	Shipped: _____
Amt. Claimed: _____	Date BB Charged: _____	Approved: _____
Adjustment: _____	Invoice #: _____	Completed: _____
Amount Paid: _____	Amount: _____	Ck #: _____
		Doc #: _____
Notes: _____		
_____		