

Melling Automotive Products Information Sheet

Form Must Be Filled Out Completely

Items marked with () should be completed by Melling Account Customer*

*Melling Customer Acct. #: _____

*Melling Cust. claim contact person _____

*Contacts email: _____

*Customer Reference #: _____

Warehouse: _____

Jobber: _____

Installer: _____

Owner: _____

Part #: _____

Quantity: _____

Other Parts Sent: _____

When was the part installed? _____

Date of Failure: _____

of miles between installation and failure: _____

Why was the part originally installed? _____

What type of damage did the engine experience? _____

****Please Send All Supporting Documentation, i.e. Original Repair Invoice, or Invoices of Alleged Failure Repair****

Additional Comments: _____

Claim: (Attach Detail of Parts & Labor Costs)

Parts \$ _____

Labor \$ _____

Total \$ _____

Ship claim documents with alleged defective Melling part to:

**Melling Automotive Products
ATTN: Warranty Claims
2620 Saradan Drive
Jackson, MI 49202**

<p>VEHICLE:</p> <p>Make: _____</p> <p>Model: _____</p> <p>Year: _____</p> <p>2 or 4 W/D: _____</p> <p>Vin #: _____</p> <p>ENGINE:</p> <p>Cl/cc/Liters: _____</p> <p># of Cylinders: _____</p> <p>Serial #: _____</p> <p>Hi-Pro Modifications: _____</p> <p>_____</p> <p>_____</p>
