Lippert Components **Service & Warranty** *Warranty Claim*

DEALER INFORMATION

Dealer Name		**Contact**	
Address		**Phone #**	
Address 2		**Fax #**	
City		**Mobile #**	
State	**ZIP**	**E-mail**	
Federal Tax ID#		**RMA#**	

RETAIL CUSTOMER INFORMATION

Retail Name		**Contact**	
Address		**Phone #**	
		Fax #	
City		**Mobile #**	
State	**ZIP**	**E-mail**	

COACH INFORMATION

Last 8 of VIN #		**Model**	
Manufacturer		**Date of Manufacture**	
Make		**Date of Purchase**	

CLAIM DESCRIPTION

FOR OFFICE USE ONLY

LCI Warranty Claim Form must be filled out COMPLETELY and remitted with complete REPAIR ORDER attached. Leaving ANY information blank delays the claim process and will result in NONCOMPENSATION for any and all parts, labor and freight.

Claim MUST be remitted by mail, fax or e-mail to: warranty@lci1.com to be processed. Claims remitted with returned parts will not be accepted. Unit Owner MUST Sign the LCI WARRANTY CLAIM FORM.

A W-9 form must be on file with LCI for the Warranty Dept. to process a claim.

Please go to www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3 to print a copy of the W-9.