

AutoNation

Product Guarantee Claim Form

Claimant: Please fill out this claim form in its entirety and return it to Siskin Enterprises, Inc. at the address listed below. Your claim will not be initiated until this claim form is properly submitted. **It is recommended that you keep a copy of the form for your records.**

INCOMPLETE CLAIM FORMS WILL BE RETURNED FOR COMPLETION

CUSTOMER INFORMATION

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Country: _____

Primary Number: _____
Secondary Number: _____
Fax: _____
E-Mail: _____

By providing your email address, you agree to receive claim documents electronically.

VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____
VIN: _____ Current Mileage: _____
Date of Purchase: _____ Purchasing Dealership: _____
Exterior Color: _____ Interior Color: _____ Seat Material: Fabric Leather

CLAIM INFORMATION

Today's Date: ____/____/____ Date you first noticed the damage: ____/____/____

Specify the location of damage: _____

Describe the type of damage: _____

Describe the cause of damage: _____

Methods used to rectify the damage: _____

Approximate date of last overall cleaning: _____

IN ORDER TO EXPEDITE YOUR CLAIM, PLEASE SUBMIT PICTURES OF THE DAMAGE

I am aware that Siskin Enterprises, Inc. relies on the information and statements above. I hereby certify that the above statements are complete and accurate to the best of my knowledge. Any fraudulent statements may result in the denial of your claim and future related claims.

Claimant Signature: _____ **Date:** ____/____/____