



OVER THE COUNTER PARTS WARRANTY FORM

Please complete the form and provide a copy of the original invoice where the part was purchased.
Failure to complete the form or provide documentation may result in a denied warranty claim.

Failed Part Number: _____

Failed Part Description (Position and/or Location):

Please list the compliant, cause and correction:

Date of Purchase: _____ Invoice#: _____

Date of Failure: _____ Complete VIN#: _____

Make: _____ Model: _____

Current Mileage: _____ Installed Mileage: _____

Engine Model#: _____ *Engine Serial #: _____

***IF FAILED PART IS ENGINE RELATED SERIAL NUMBER IS REQUIRED.**

Purchasing Customer Name

Phone Number

Address

City

State

ZIP

If warranty is denied by manufacturer, would you like the part back? **Freight charges will be applied.**

- Yes
- No

If form is submitted electronically, how will the parts be returned to Freightliner of Utah? _____

Internal Use

Replacement Invoice #: _____ OTC Warranty Invoice #: _____

- Owe Credit
- Credit Issued
- Replacement Part Given

WTC Printed Employee Name: _____ Employee #: _____ Date: _____

Submit