WARRANTY	/ & CL/	AIM FORM	CLAIM NO.:	
Please complete the form below and submit to auswarranty@meritor.com			CLAIM DATE.:	
BUYING DEALER:		INVOICE NO.:	TOWN/ CITY:	
VEHICLE MAKE & MODEL:		OWNER NAME:	TOWN/ CITY:	
VEHICLES TYPE OF SERVICE:			CHASSIS NO.:	
PRODUCT MODEL:			SERIAL NO.:	
AXLE SPEC:		RATIO:	SERIAL NO.:	
DATE INTO SERVICE:		DATE:	KILOMETERS:	
		nust be supplied or the claim will to the Buying Dealer upon Merito		ments if applicable
COMPLAINT:				
CAUSE:				
CORRECTION:				
MERITOR P/N	QTY	DESCRIPTION	TOTAL	MERITOR USE ONLY
Parts Total				
Labour Hours @ \$	per hour			
Claim Total				
PARTS RETURNED	TO MERIT	TOR: YES NO	TOTAL AMOUNT PAID:	
RETURN ADVICE NO.:		DATE:	SIGNED:	
MERITOR CLAIM NO.:		DOCUMENT:	ISSUE:	DATE:

