

MASTER RECYCLERS

Warranty Claim Form

Claim Date _____ Invoice # _____ Purchase Date _____

Customer Name _____ Contact Name _____

Contact Phone _____ Contact Email _____

Vehicle Year / Make / Model _____ Vehicle VIN _____

Stock # / Part # and serial # if remanufactured* _____ Type of Part _____

Name of Repair Shop _____ Installation Date

Mileage at Part Purchase _____ Current Mileage _____ Codes Present (if applicable) _____

Issue with Old Unit (if applicable) _____

Summarize your complaint in a few sentences:

Email this completed form to masterrecyclersca@gmail.com along with photo/scan of repair shop invoice or other proof of repair was completed by a certified mechanic, and photos and/or videos of the parts showing the issues/defects. Failure to provide requested information and/or proof of certified repair may delay the claim process.

*If serial number is not on your invoice, it will be on the part itself or on the container in which the part was provided