

# PRECISE FUEL PUMP WARRANTY CLAIM FORM

RMA # \_\_\_\_\_ Part Number \_\_\_\_\_

Customer Name \_\_\_\_\_ Customer # \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Engine \_\_\_\_\_

Date Installed \_\_\_\_\_ Date Replaced \_\_\_\_\_

Reason for Return \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Store Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Store Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Returned with Strainer

Original Proof of purchase / Invoice included

Rev/3/9/12