

## TURBOCHARGER WARRANTY CLAIM FORM

Company Name:	
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Customer Name:	
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Customer Address:	

Customer Contact Number:	
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Customer Email Address:	
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API Invoice Number:	
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Vehicle Registration:	
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Purchase Date::	
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Vehicle Brand:	
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Part Number:	
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Vehicle Model:	
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Reason for Claim; please include any symptoms & diagnostic information if available. Faulty is not an acceptable description.

SOLE AUTHORISED IRISH DISTRIBUTORS OF:

