

## **Customer Warranty Claim**

Repair I	Date:			
Custom	er Name			
Mailing	Address			
City, Sta	ate & Zip Code			· · · · · · · · · · · · · · · · · · ·
Contact PersonTele		hone #		
Year	Body #	Body Make		
Chassis Make Mi		Milea	ge	
VIN #			Labor Rate	Per Hour
Check p	payable to:			
*Part S	hipped from CSBS Sales Ord	er # SO		
Detaile	d Description of Complaint:			
Cause,	Repairs Made along with Tir	me Spent	on Each:	
		<del></del>		
	Part # Used on Repair		Part Supplied By	Quantity
	ontact Central States Bus for any claim s. Labor hours shall be paid in accorda			arts shall come through Central
Sign and	d email to ishackelford@cer	ntralstates	sbus.com :	