Customer Warranty Information Form

Genuine NEWSTAR™

Customer Information

Name: _____ Phone: _____

Address: _____

Documents

Original Install Invoice ☐

Warranty Repair Invoice ☐

Installation Information

Install Date: _____ Install Miles/Hours: _____

Failure Date: _____ Failure Miles/Hours: _____

Vehicle Information

Year: _____ Make: _____ Model: _____

Engine Type: _____ VIN Information: _____

Part Information

Part #: _____	Serial #: _____	Cylinder #: _____
Part #: _____	Serial #: _____	Cylinder #: _____
Part #: _____	Serial #: _____	Cylinder #: _____
Part #: _____	Serial #: _____	Cylinder #: _____
Part #: _____	Serial #: _____	Cylinder #: _____
Part #: _____	Serial #: _____	Cylinder #: _____
Part #: _____	Serial #: _____	Cylinder #: _____
Part #: _____	Serial #: _____	Cylinder #: _____

Diagnostic Information

Complaint: _____

_____

When Symptoms Occur: _____

Fault Codes: _____

Diagnostic Tool Used: _____

Diagnostic Test Performed: _____

_____

_____

_____

Diagnostic Test Results: _____

_____

_____

_____