

*Corporate Offices:* 28 SE 23rd Ave., 2nd Floor *Production Facility:* 230 Bossardsville Road

Pompano Beach, FL 33062 PO Box 252

Sciota, PA 18354

*Toll Free:* 877-TCI-VANS *Fax:* 954-788-6711 *or* 610-951-4224

*Prior to completing the form below, contact TCI Mobility to obtain a Pre-Authorization Repair Number.*

**Warranty Claim Repair Authorization**

Pre-Authorization #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VIN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Date: \_\_\_\_\_\_\_\_\_ Original Delivery Date: \_\_\_\_\_\_\_\_\_ Mileage at Delivery/Now \_\_\_\_\_/\_\_\_\_\_\_\_\_

Customer/Dealer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parts Requested:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part**  **Number** | **Description** | **Qty** | **Cost** | **Extended**  **Cost** | **Approved**  **(yes or no)** |
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**Reason for Replacement/Repair:**

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**Labor Costs Reimbursement Request:**

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| --- | --- | --- | --- | --- |
| **Task Description** | **Hrs.** | **Rate** | **Extended Cost** | **Approval**  **(yes or no)** |
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It is the Customer/Dealers’ responsibility to submit this form promptly for authorization of the above detailed warranty repairs and charges. Any charges incurred by the customer/dealer prior to authorization of repairs by an authorized company representative of TCI Mobility will be at their own expense. TCI Mobility will not reimburse this customer/dealer for any unapproved or unauthorized warranty repairs.

Customer/Dealer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Warranty Repairs Authorization**

The above repair parts and labor charges have been reviewed by an authorized representative of TCI Mobility and are hereby approved as noted below.

Approved Repair Details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Authorization Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_