LIPPERT COMPONENTS CUSTOMER SERVICE WARRANTY CLAIM FORM

LIPPERT COMPONENTS®

Dealer Information

Dealer Name:	AMERICAN RV CENTER	**Contact:**	BEN HOFFMAN
LCI Dealer#			
Phone:	812-867-5200	**Fax:**	812-868-1012
Cell:		**E-Mail:**	BHOFFMAN@AMERICANR
Address:	600 E BASELNE RD		
City:	EVANSVILLE	**State:**	IN
FID#:		**Zip:**	47725
Case#:			

Retail Customer Information

Retail Name:	KRISTOPHER SCOTT	**Contact:**	
Phone:	812-306-3637	**Fax:**	
Cell:		**E-Mail:**	
Address:	10420 MILL ST		
City:	CYNTHIANA	**State:**	IN
Zip:	47612		

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Coach Information

Complete VIN:	4X4TCKE21NX155353	**Model #:**	294BH
OEM:	FOREST RIVER	**DOM:**	
Make:	CHEROKEE	**DOP:**	2-25-22

Claim Information

Parts Cost:	33.77	**Labor Time (Hrs):**	6
Parts Markup:	38.84	**Labor Rate (US $):**	150
Freight Total:	NA	**Total (Time X Rate):**	900
Date of Repair:	03-17-22	**Total = Parts + Labor + Freight:**	938.84

*****PARTS INVOICE MUST ACCOMPANY WARRANTY CLAIM*****

Claim Description

HAVING ISSUES WITH THE 7 WAY,,,,,Checked brakes on all four wheels. The front axle brakes are working. No brakes on rear axle. Checked wire connectors on roadside rear brake. Replaced connectors. Checked for power on wires to roadside brake and to curbside brake. Both have 12volts. Removed tire and wheels from rear axle. Removed both drumbs. Wires have been cut and clips holdin wire have come loose.

The LCI Warranty Claim Form **MUST** be filled out completely and remitted with a complete Repair Order (RO) attached. Leaving any information blank will delay the claim process and will result in non-compensation for any and all parts, labor and freight.
Claims remitted with returned parts will not be accepted.
The unit owner **MUST** sign the LCI Warranty Claim Form.
A Repair Order **MUST** accompany this form.
A W-9 form **MUST** be on file with LCI for the Warranty Department to process a claim. Please fill out the attached W-9 form.

To Submit Warranty Claim Form:

Mail: 1701 Century Drive, Goshen, IN 46528

E-mail: dealerclaims@lci1.com

NOTE: The case number **MUST** be provided in the Dealer Information section of this form. Claims will be delayed without the case number.

Signature BEN HOFFMAN **Date:** 3-21-22

Please sign Warranty Claim Form above or provide a signed copy of the work order attached to this form.