LIPPERT COMPONENTS CUSTOMER SERVICE WARRANTY CLAIM FORM

LIPPERT COMPONENTS®

Dealer Information

Dealer Name:	AMERICAN RV CENTER	**Contact:**	BEN HOFFMAN
LCI Dealer#	003893		
Phone:	8128675200	**Fax:**	8128681012
Cell:		**E-Mail:**	BHOFFMAN@AMERICANR
Address:	600 E BASELINE		
City:	EVANSVILLE	**State:**	IN
FID#:		**Zip:**	47725
Case#:			

Retail Customer Information

Retail Name:	TYLER THACKER	**Contact:**	
Phone:	6185531828	**Fax:**	NA
Cell:		**E-Mail:**	
Address:	6141 UNION CHAPEL		
City:	SUMNER	**State:**	IL
Zip:	62466		

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Coach Information

Complete VIN:	4X4TCKB2XNK079276	**Model #:**	26DBH
OEM:	FOREST RIVER	**DOM:**	10-12-21
Make:	CHEROKEE	**DOP:**	02-26-22

Claim Information

Parts Cost:		**Labor Time (Hrs):**	5
Parts Markup:		**Labor Rate (US $):**	150
Freight Total:		**Total (Time X Rate):**	750
Date of Repair:	NEED APPROVEL FIRST	**Total = Parts + Labor + Freight:**	

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

Claim Description

CUSTOMER STATES THAT WHEN RUNNING THE SLIDE ROOM OUT, ONE MOTOR PERFORMS CORRECTLY, BUT THE MOTOR NEAR THE TV GOES OUT A LITTLE WAYS AND THEN STOPS. TOOK SCREWS OUT OF OUTSIDE RAIL AND PUSHED ROOM OUT TO SEE BLOCK AND GEAR AND SHOE,FOUND SHOE WAS BROKE AND RAIL HAD METAL SHAVINGS

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:** 03-19-22

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