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:**	
Cell:		**E-Mail:**	BHOFFMAN@AMERICANR
Address:	600 E BASELINE RD		
City:	EVANSVILLE	**State:**	IN
FID#:		**Zip:**	47725
Case#:			

Retail Customer Information

Retail Name:	NA	**Contact:**	
Phone:	NA	**Fax:**	
Cell:	NA	**E-Mail:**	
Address:	NA		
City:	NA	**State:**	NA
Zip:	NA		

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Coach Information

Complete VIN: 4X4TCKY27NK080408 **Model #:** 23MK

OEM: FOREST RIVER **DOM:** ??

Make: CHEROKEE **DOP:** NA

Claim Information

Parts Cost: **Labor Time (Hrs):**

Parts Markup: **Labor Rate (US $):**

Freight Total: **Total (Time X Rate):**

Date of Repair: **Total = Parts + Labor + Freight:**

PARTS INVOICE MUST ACCOMPANY WARRANTY CLAIM

Claim Description

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:** 6-3-2022

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