



WARRANTY REQUEST FORM

In order to process your warranty request, please complete this form and fax it to (831) 722-6999.
Please return the parts you are requesting a warranty on to:

Polini USA
412 Airport Blvd
Watsonville, CA 95076

Make sure to include a copy of this completed warranty request form in the box with the returned parts.

Date _____

Dealership Name _____

Contact Person _____

Phone Number (_____) _____ Fax Number (_____) _____

Customer Name _____

Year _____ Model # _____ Date Purchased _____

VIN #

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Frame # *

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Warranty Parts Requested:

Qty _____ Part # _____ Description _____

Qty _____ Part # _____ Description _____

Qty _____ Part # _____ Description _____

Qty _____ Part # _____ Description _____

Detailed description of problem:
