



## 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:

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