



Warranty Request Form

15603 Centennial Drive
Northville, Michigan 48168
TEL: 1-888-MELCO4U, ext. #2
INTL TEL: 1-734-437-9435
FAX: 734-453-6212

**** Please use attached diagnostic worksheet to determine if the product has failed.**

- This Form must accompany returned part for warranty processing
- All fields must be filled out for warranty remittance

Step 1: Vehicle & Repair Information

| | | | |
|---|---|---------------------------------|----------------------|
| 1. Vehicle VIN | <input type="text"/> | 6. Engine Make | <input type="text"/> |
| 2. Year | <input type="text"/> | 7. Failed Part Number: | <input type="text"/> |
| 3. Make | <input type="text"/> | 8. Failed Part In-Service Date | <input type="text"/> |
| 4. Model | <input type="text"/> | 9. Failed Part Replacement Date | <input type="text"/> |
| 5. Truck Odometer | <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> km | 10. New Replacement Part #: | <input type="text"/> |
| Must be replaced with a Mitsubishi Diamond Gard Part | | | |
| Customer Complaint | <input style="width: 100%;" type="text"/> | | |
| | | | |

Step 2: Payment Information

Payment for warranty claims will be made directly to the retail purchaser submitting the claim. Please fully complete this section for proper remittance. All remittance will be made by check.

| | | | |
|------------------|----------------------|--------------------------------|---|
| Customer/Company | <input type="text"/> | Pay to: | <input type="text"/> |
| Address | <input type="text"/> | Phone # | <input type="text"/> |
| | <input type="text"/> | E-Mail | <input type="text"/> |
| City | <input type="text"/> | Fax # | <input type="text"/> |
| State/Province | <input type="text"/> | Claim Amount Requested: | <input style="width: 100%; height: 40px;" type="text"/> |
| Country | <input type="text"/> | | |
| ZIP/Postal Code | <input type="text"/> | | |

Step 3: Return Product for Analysis

1. Please contact Mitsubishi Electric Automotive America for a Return Materials Authorization (RMA)
 RMA Tel: 1-888-MELCO4U ext #2 or, E-mail: WarrantyReturns@Diamond-Gard.com

2. **For proper payment, you must include copies of the following documents with your shipment:**

This fully completed warranty request form—All fields must be completed along with an RMA number from Mitsubishi

AND EITHER:

| | | |
|--|-----------|--|
| <u>For Authorized Dealership Replacements</u> | OR | <u>For Non-Dealer Installed Replacements</u> |
| <input type="checkbox"/> Invoice for replacement product and installation labor. | | <input type="checkbox"/> Invoice for the replacement product |
| <input type="checkbox"/> Dealer shop order for installation of replacement product | | |

Note: claims submitted without an RMA # and copies of above noted invoices and shop orders cannot be processed.

3. Failed unit must be shipped to Mitsubishi Electric for analysis via **UPS-Ground**. Mitsubishi Electric special UPS account number will be provided at the time the RMA number is issued.

Please use the box of the replacement product for return shipment to: Mitsubishi Electric Automotive America, Inc.
 ATTN: HD Warranty Returns
 15603 Centennial Drive, Northville MI 48168

Return Product ? In the unlikely event that this claim is denied (See Warranty Policy for limited exclusions: www.diamond-gard.com) please specify if you would like your starter returned to you. Product will be shipped freight collect.

Yes No