

Warranty Request Form

Notes: All section of this form must be completed before your claim can be possessed.

Customer Name: _____ Order No: _____

Phone No: _____ Email: _____

Address: _____
Street Ste.

City _____ State _____ Zip _____

Model: _____ VIN #: _____

Mileage: _____ (Miles/Kilometers) Purchase Date: ____/____/____
Use for scooters and Motorcycles only MM DD YYYY

Fail Date: ____/____/____ Repair Date: ____/____/____
MM DD YYYY MM DD YYYY

Parts No.	Parts Name	Cost	Total

FOR MotosportsMax.com officer use only:

Approved	Date _____	INI: _____	Claim Number: _____
Hold	Date _____	INI: _____	Labor Total: _____
Disputed	Date _____	INI: _____	Parts Total: _____
Closed	Date _____	INI: _____	Freight Total: _____
\$ Amount Approved _____			Claim Total: _____

This Claim will be paid to MSM.com approval. Defective parts must be held for ninety (90) days from the date of claim. This claim will be processed within thirty (30) days of receipt by MSM.com. If the claim is denied, you will receive a written notification within that thirty (30) days time frame explaining why the claim was denied. Consult our warranty claims policies and procedures for terms and exclusions. By signed below, I agreed all the terms and conditions.

Customer Signature _____ Date _____