



SERVING THE BUS TRANSPORTATION INDUSTRY

### Warranty Claim Form

Warranty File Date \_\_\_\_\_

Failure Date \_\_\_\_\_

Servicing Agency \_\_\_\_\_

Contact Name \_\_\_\_\_

Vehicle VIN \_\_\_\_\_

Contact Phone No \_\_\_\_\_

A&M Systems Model No \_\_\_\_\_

A&M Systems Serial No \_\_\_\_\_

A&M Systems Build Date \_\_\_\_\_

In-Service Date \_\_\_\_\_

Mileage \_\_\_\_\_

RGA Number \_\_\_\_\_

Warranty Claim No \_\_\_\_\_

**Description of Defect**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Performed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All defective materials must be removed without additional damage to the unit and returned to A&M Systems, Inc. for evaluation before warranty will be issued.

A&M Systems, Inc.  
4121 Eastland Dr  
Elkhart, IN 46516  
574-522-5000 - Phone  
574-522-9099 - Fax