



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.
1845 Fieldhouse
Elkhart, IN 46517
574-522-5000 - Phone
574-522-9099 - Fax