



(901)-553-9847
30 Morris St.
Whiteville, TN. 38075

WARRANTY APPROVAL FORM

Invoice Number

Shop Information :

Date: _____ Phone #: _____ Email: _____

Name of Business: _____

Contact Name: _____ Customer Name: _____

Engine Serial No. _____ Mileage at Install: _____

Shop Rate: _____ Current Mileage: _____

Type of Vehicle, Model, Year, Engine: _____

Important Documents

Please be advised that while any and all efforts will be made to rectify any warranty concerns as effectively as possible, Diesel Doctor requires that ALL of the following documents be submitted for ANY warranty consideration. Failure to provide any of the requested documents could result in loss of or limited warranty coverage.

- Invoice from original installation
- Service History, receipts from certified facility
- Warranty registration Form

I have read and understand Diesel Doctor's warranty and all requirements necessary for warranty consideration.

Customer Name (Please Print)

Customer Signature

Customer Email

Date

Please complete ALL pages of this form and return to Diesel Doctor :



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Please list the cause of concern and any costs accumulated to date:

Probable diagnosis of failure (fluid leaks will require photos of leak):

Estimated labor and parts to fix:

Shop Rate:

The shop rate covered by Diesel Doctor is \$50/hr. up to \$2,000 according to the Mitchel Labor Guide flat rate times. The leftover balance is due as a deductible by the customer. ***IMPORTANT*** Labor is paid out only if the cause of concern is warrantied. Fluids and shop supplies are the customer's responsibility.

Materials:

Any parts and/or gaskets will be supplied by Diesel Doctor. No other parts will be covered or reimbursed, nor will be covered by Diesel Doctor's warranty. Once warranty work is completed, repaired parts and labor are warrantied by shop that performed said work.

Invoice Instructions:

Once warranty is accepted, please forward a copy of this invoice to Abrianna Choate at: office@diesel911.com

Any billable time will be accredited to account

*Any extensions of credit must be used and applied to your account within 18 months.

Signature of technician or shop manager

Date

Office Use ONLY

Date: _____

Shop Invoice # _____

Diesel Doctor Approval: _____

Repairs being authorized and parts being supplied by Diesel Doctor: _____

***Please be advised that labor will be due by customer if warranty claim is found to be invalid. ***



