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# LABOR CLAIM FORM

Mfg/Supplier use only: RGA# \_\_\_\_\_

Jobber use only: RGA# \_\_\_\_\_ Warehouse Use Only: RGN# \_\_\_\_\_

**All sections must be filled out entirely in order for your claim to be processed.**

SERVICE FACILITY			
Company Name:	Account Number:		
Contact Name:	Phone:	E-mail:	
Address:	City:	St:	Zip:
Technician Name:			

JOBBER INFORMATION			
Company Name: <b>Hovis Auto &amp; Truck Supply, Inc</b>	Account Number:		
Contact Name:	Phone:	E-mail:	
Address:	City:	St:	Zip:

WAREHOUSE INFORMATION			
Company Name: <b>Hovis Auto &amp; Truck Supply, Inc.</b>	Account Number:		
Contact Name: <b>Clifford Hovis</b>	Phone: <b>724-748-9618</b>	E-mail: <b>clifforddhovis@hovisauto.com</b>	
Address: <b>1000 Champion Drive</b>	City: <b>Mercer</b>	St: <b>PA</b>	Zip: <b>16137</b>

VEHICLE INFORMATION		
VIN:		
Production Date:	Year:	Make:
Model:	Sub-Model:	
Engine Size:	<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual
<input type="checkbox"/> Front Wheel Drive <input type="checkbox"/> Rear Wheel Drive <input type="checkbox"/> Four Wheel Drive		
<input type="checkbox"/> A/C <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Brakes <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Electric		
Accident Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRODUCT INFORMATION	
Part Number:	
Manufacturer:	
Mileage: At Installation:	At Failure:
Date: At Installation:	At Failure:
Provide detailed description of product failure and collateral damage:	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
(If more space is required, use back side of form.)	

CLAIM INFORMATION	
Labor Cost: \$ _____	Total Labor Hrs: _____
Parts Cost: \$ _____	Labor Rate: \$ _____
<b>TOTAL Claim Amount: \$ _____</b>	
Claim results to be sent to: <b>clifforddhovis@hovisauto.com</b>	

**CLAIMS WILL BE PROCESSED WHEN THE FOLLOWING ITEMS ARE ATTACHED TO THIS DOCUMENT:**

- Original receipt with date of purchase (if warehouse requires)
- Copy of warranty (redo) work order
- Copy of original work order with parts and labor bill
- Alleged failed part(s)

I hereby certify that the information on this claim is true and correct and that I have included all required documents as evidence to this claim.

Installer: \_\_\_\_\_ Installer Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLAIMER: Acceptance or payment of the claim does not indicate product failure was the fault of the manufacturer or distributor.**

\*\*\*Individual instructions are shown on the back of this form, if needed. Form and best practices available on [www.aftermarket.org](http://www.aftermarket.org).

Endorsed By:



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