

Documents Only
Oral In Person

CHRYSLER DEMAND FOR BINDING ARBITRATION

FOR NCDS USE ONLY

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

<input type="checkbox"/> Mr.	First name _____	MI _____	Last name _____
<input type="checkbox"/> Mrs.	Street address _____		
<input type="checkbox"/> Ms.	Telephone # _____		
	City _____	State _____	Zip Code _____

VEHICLE INFORMATION

Name(s) that appear(s) on the vehicle title: _____			
Is this a leased vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		If _____	_____
		yes: _____	(lessor's name and address)
Make: _____	Model: _____	Year: _____	Current mileage: _____
Vehicle Identification Number: _____			
Selling Dealer: _____			
Servicing Dealer(s): _____			

NATURE OF CLAIM(S): (Please print or type. Attach Service Repair Orders) _____

REMEDY SOUGHT: _____

It is understood and agreed that I (We) have requested the National Center for Dispute Settlement to initiate Binding Arbitration proceedings in connection with the item(s) of complaint listed on, or made a part of, the Demand for Binding Arbitration. The arbitration will be conducted in accordance with the Rules & Procedures for the Final and Binding Determination of the Auto Warranty Disputes furnished to both parties and that any award rendered hereunder may be entered in any court of competent jurisdiction.

X _____
SIGNATURE(S) DATE

Return this form to:

**National Center for Dispute Settlement
PO BOX 727
Mt. Clemens, MI 48046**