

CUSTOMER ARBITRATION APPLICATION

STEPS TAKEN TO RESOLVE:

- Did you contact dealership management regarding your concern? Yes No
- Did you contact Mitsubishi Motors directly regarding your concern? Yes No
- Have you met or spoken with the Factory Representative regarding your concern? Yes No
- I request (check one only) a single decision maker and an oral hearing
 a 3-person panel and a documents-only review

CUSTOMER INFORMATION:

- Mr. First Name _____ MI _____ Last Name _____
- Mrs. Street Address _____
- Ms. City _____ State _____ Zip Code _____
- Day Phone _____ Evening Phone _____ E-mail Address _____

VEHICLE INFORMATION:

- Name(s) as they appear on the vehicle title: _____
- Is vehicle currently registered? Yes No What State? _____
- Is vehicle used for business? Yes No What % is vehicle used for business purposes? _____
- Number of other vehicles owned or leased by the business: _____
- Make: _____ Model: _____ Year: _____ Current mileage: _____
- Vehicle Identification Number: _____ Selling Dealer: _____
- Do you currently own the vehicle? Yes No
- Purchased Leased Lienholder/Leasing Co. Name: _____
- Account number: _____ Lienholder/Leasing Co. phone number: _____
- Purchased/leased as (check): new used demo fleet Purchase/Lease date: _____
- Mileage at purchase/lease: _____
- Are your loan/lease payments current? Yes No Date of last payment: _____

VEHICLE CONCERN(S):

Concern	Servicing dealer name & location	Date	Mileage	Repair order #	Does problem currently exist?

- Does the vehicle have aftermarket equipment? Yes No
- Has the vehicle been modified? Yes No
- Has the vehicle been involved in an accident? Yes No Date of accident: _____

Resolution Sought:

Specify damaged area: _____

Signature(s) Date

Return this form to:

National Center for Dispute Settlement
 PO Box 485
 Mt. Clemens, MI 48046