Select One Below:

Documents Only Hearing ☐
In Person Oral Hearing ☐
Teleconference ☐

Mitsubishi Motors North America, Inc.
Customer Claim Form

FOR NCDS USE

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

☐ Mr. First name _____ MI ____ Last name _____

☐ Mrs. Street address _____

☐ Ms. _____

City _____ State _____ Zip Code _____

Day phone _____ Evening phone _____ Email _____

VEHICLE INFORMATION

Name(s) that appears on the vehicle title:

Is this a leased vehicle: Yes ☐ No ☐ Delivery Date:

Was this vehicle purchased used? Yes ☐ No ☐ Is vehicle used by a business? Yes ☐ No ☐ % of use ____

Make: Model: Year: Current mileage:

Vehicle Identification Number:

Selling dealer and address:

Primary Servicing Dealer:

VEHICLE PROBLEM(S) (Attach legible **copies** of applicable repair orders or other documents that support your complaint)

Problem	List dealer(s) which have repaired or attempted repair (include city & state).	List the date, mileage, and repair order number for each repair attempt.	Does the problem currently exist? (Circle)
Example: A/C won't cool properly	Autoworld, Inc Anytown, VA	4/23/19 3,500 miles #B73540	Yes No
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

Has the vehicle been involved in an accident? ☐ YES ☐ NO

If YES, give date of accident: _____ Specify damaged area: _____

Resolution Sought:

Repurchase ☐ Replacement ☐

Repair ☐ Reimbursement ☐

X _____

SIGNATURE(S) DATE

Return all copies of this form to:

National Center for Dispute Settlement
P.O. Box 515811
Dallas, TX 75251-5811
(or email to: info@ncdsusa.org)