

Select One Below:

Documents Only Hearing
Teleconference

**ESE Carbon
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 Purchase Date: _____

Was this vehicle purchased used? Yes No

Make: _____ Model: _____ Year: _____ Current mileage: _____

Vehicle Identification Number: _____

Has the vehicle been involved in an accident?

YES NO

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

AFTERMARKET PART INFORMATION

Purchased From _____ ESE Distributor Direct Purchase

Part Description _____

Part Number _____

Purchase Date _____ Purchase Amount _____

Installer name and address _____

Aftermarket Part ISSUE(S) (Attach legible **copies** of applicable repair orders or other documents that support your complaint. Please also include a copy of the receipt or other proof of purchase)

Problem	List installer(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)
			Yes No
			Yes No
			Yes No

Resolution Sought:

Replacement

Return all copies of this form to:

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

X _____
SIGNATURE(S) DATE