



WARRANTY CLAIM FORM (WCF)
TEL 714-847-0949 FAX 714-847-1539
 (These forms also available on our website www.championtrikes.com
 (Click Toolbox/Other Downloads/Warranty Claim Form)

Champion Sidecars
11841 Monarch Street
Garden Grove,
CA 92841-2110

SERVICING DEALER (SD) INFORMATION

Champion Original Invoice/Order Number (Trike ID/VIN) : _____ **Date** _____

Did the customer return the Warranty Card back to Champion? YES / NO

Dealership Name: _____ **Dealer contact:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Installing Dealer (If different than SD) _____ **Is Trike a demo? Y / N**

Date sold to customer: _____ **Customer name:** _____

Customer Address: _____

_____ **Customer Phone:** _____

M/C make: _____ **Model:** _____ **Year:** _____ **Mileage** _____

Problem description: _____

SD's proposed solution and est. work performed date (including any part(s) to be returned to CS for evaluation):

Dealer: For Warranty Claim Reimbursement
 To obtain warranty reimbursement, Dealer must return a customer signed Customer Warranty Satisfaction Form, all requested RMA parts, and a copy of dealer's invoice. Dealer will have 90 days from the date of the WCF is returned to dealer to complete the filing process or warranty claim will be denied.

CHAMPION-FURNISHED INFORMATION

In Warranty Period? YES / NO On File YES / NO Trike ID (VIN) _____

Amount to be reimbursed to Dealer (from Warranty Repair Reimbursement Schedule): \$ _____

NOTE: Signed Customer Warranty Satisfaction Form required for Warranty Re-imbusement.

Warranty Approved: YES / NO

 Name _____ Date _____

Warranty Claim #:

Defective Parts to be returned to Champion YES / NO
(Shipping of parts may be at customer's expense)
 (If Champion's inspection of returned parts or material reveals that the "defect" is the result of damage during use by the customer, or during installation, and not a defect in the design or manufacture of the part/material, Champion will charge the cost of the part/material to the servicing party).
RMA #: _____ (Return Material Authorization #)
 Use this number on the Shipping Label when returning parts)

Date WCF is returned to Dealer: _____ **Call Tag↑**
 If Defective Warranty Parts are not returned to Champion within 30 days or your account will be charged for the total cost of Warranty Parts.

Dealer's signature required. Your signature acknowledges you accept the terms of the Warranty Claim both written and implied. Dealer's Signature: _____



CUSTOMER WARRANTY SATISFACTION FORM

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CUSTOMER WARRANTY SATISFACTION FORM

(This form needs to be completed by the customer AFTER the Warranty work is completed)

TRIKE KIT ID (VIN) : _____

Warranty Claim Approval Number (assigned by Champion): _____

Customer Name: _____

Address: _____

Customer Phone: _____ (days) _____ (nights)

Dealer Name: _____

Dealer Phone: _____

Brief description of problem & repair: _____

Repairs have been completed to my satisfaction on the Warranty cited above.

Customer Signature: _____ Date: _____

Dealer: For Warranty Claim Reimbursement

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Original – Dealer send to Champion with invoice; **Copy** – Dealer retains