

Please fill in all fields completely, use N/A if field does not apply to request

Date.			
Jobber Name:		Dealer Name:	
Contact Name:			
Address:		Phone Number:	
City, State/Province:			
Postal/Zip Code:		_	
PART NUMBER(S) AFFECTED:			
Vehicle Year:		Product Edge Code:	
Vehicle Make:		Condition of Part, If Applicable:	
Vehicle Model:		Installed Never Installed	
KM/Mileage at Part Install:		KM/Mileage at Part Removal:	
CUSTOMER CONCERNS / ALLEG	SED DEEECT DESCRIPTION:		
		Dunana Wasa Dik Bashlam Distriction Dalamination	
Grinding Pulsation	Taper Wear Squealing	Uneven Wear Fit Problem Friction Delamination	
Pulling Vibration	Dusting Catalog Erro	r Mispackaged Premature Wear	
Dancer for Danlacement			
Reason for Replacement:			
CUECK LICE (to alook a lill account of	store de come casatera cotale al	hts samulated fame)	
CHECK LIST (Include all supporting documentation with thi			
Copy of Original Purchase Invoice		Brake Pad Set in Question (Hardware MUST included)	
Copy of Original Installation Invoice		Copy of Purchase/ Replacement Part Receipt	
Copy of Replacement Repair	rinvoice		
SEND ALL PRODUCT ANALYSIS REQUESTS TO: ProMax Auto Parts Depot -Te		t -Tach Sarvicas	
	26 Westwyn Crt	t-recir services	
	Brampton, Ontario		
	L6T 4T5		
	L01415		
INCRECTION RECULTS /:ntornal	was autoly		
INSPECTION RESULTS (internal	use only):		