

CHICTOMED DETAILS

WARRANTY CLAIM FORM

To initiate a claim, fill out this form and send it along with your product in its original packaging to **Warranty Claims**Department, 1210 East Northfield Drive, Brownsburg, IN 46112. If you no longer have the original packaging, make sure to carefully wrap and protect the product when shipping it back. Products damaged due to insufficient packaging may not be eligible for return. This warranty claim form must be completly filled out and the part sent within 30 days of part failure. Please see SixityAuto.com/warranties for more information concerning the warranty exclusions and requirements for your particular part.

OOSTOMEN DETAILS							
Name							
Street Address							
City					State	Zip	
Telephone			Email				
Vehicle Make	Model		Year		Engine		
VIN #							
DDODUOT DETAILO							
PRODUCT DETAILS							
Order # (Important)			Where did you purchase your product?				
			еВау	Amazon	Si	ixityAuto.co	m Sixity.com
Part Brand	Part	# or Model ID	Date of Purchase		Date of Installation		tallation
Mileage at Installation		Mileage at Problem		Da	Date of Part Problem		
Define Problem							
				E	inclosed is	the part in	the original f purchase (receipt)
Signature		 Date		p	ackaging	and proof o	f purchase (receipt)