

# Bay Auto Parts, Inc.

1750 Velp Ave. #1  
Green Bay, WI 54303  
(920) 494-8100 or 800-229-2886  
Fax: (920) 494-2675

# Sharp Auto Parts, LLC

2910 Quant Ave. N.  
Stillwater, MN 55082  
(651) 439-2604 or 800-737-9503  
Fax: (651) 439-4247

## Warranty Claim Form

BAY or SHARP SALESPERSON \_\_\_\_\_ DATE \_\_\_\_\_

CLAIMANT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

ORIGINAL INVOICE # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

DEFECTIVE PART \_\_\_\_\_ INTERNAL LABOR RATE \$ \_\_\_\_\_ /HOUR

PROBLEM/SYMPTOMS \_\_\_\_\_

\_\_\_\_\_

DOCUMENTATION/VERIFICATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED REMEDY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bay & Sharp Auto Parts reserve the right for a second opinion on all claims

**\*\*\* DO NOT PROCEED WITH REPAIRS WITHOUT WRITTEN AUTHORIZATION \*\*\***

(To be filled out by Bay or Sharp Auto Parts management)

LABOR AUTHORIZATION; \_\_\_\_\_ HRS @ \$ \_\_\_\_\_ /HR = \$ \_\_\_\_\_ MAXIMUM LABOR CLAIM

MUST RETURN DEFECTIVE PART?      YES      NO

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_ AUTHORIZATION # \_\_\_\_\_

Please return this signed authorization form along with your invoice upon completion of the warranty work for reimbursement. If indicated above, the defective part must be returned before reimbursement will be issued.