

**BBB AUTO LINE
Customer Claim Form**

Case number:	[REDACTED]
Contact Date:	03/03/17
Start Date:	

Please make any necessary corrections to the information below, print or verify your VIN number and lienholder/leasing company information at the bottom of this page, and complete the missing information in Section 4 on the next page (attach additional sheets as needed).

SECTION 1: CUSTOMER INFORMATION

Titled owner: [REDACTED]			
Mailing address: [REDACTED]			
City:	Lisbon	State:	OH
		Zip code:	[REDACTED]
Day phone:	[REDACTED]	Evening phone:	
		Cell phone:	
Fax:		E-mail address:	[REDACTED]

SECTION 2: VEHICLE INFORMATION

Make:	Cadillac	Model:	ats	Year:	2015	Current mileage:	14700
Name(s) that appears on the vehicle title: Mullen							
Selling dealer/city/state: Columbiana Cadillac, Columbiana, OH							
Primary Servicing dealer/city/state: Columbiana Cadillac,							
Acquired as <input checked="" type="checkbox"/> new <input type="checkbox"/> used <input type="checkbox"/> demo <input type="checkbox"/> leased				Is the vehicle in your possession? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no			
Purchase/lease date: 11/13/14				Mileage at purchase/lease:			
First repair attempt date: 11/26/14				First repair attempt mileage: 507			
How often is the vehicle used for business purposes (percentage): 95 %		Number of vehicles owned or leased by the business: 2		Transmission type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual			
Has the vehicle been in an accident/had body damage? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no						Date of accident:	
Description of damage:							

SECTION 3: DESIRED OUTCOME (Describe what you want done to resolve your concern)

The customer is seeking a life time warranty or compensation for a trade in.

Please complete the missing information in the box below and on page 2.

VEHICLE IDENTIFICATION NUMBER _____
Lienholder/Leasing Company _____ Phone Number _____
Account Number _____

SECTION 4: VEHICLE PROBLEMS (List primary problem first)

Problem	Servicing dealer(s)	# of repair attempts	List the date, mileage, and days out of service for each repair attempt	Does the problem exist now?
Example:				
A/C won't cool properly	Any Dealer, Inc.	2	4/23/06 3,500 miles 5 days 6/10/07 12,700 miles 1 day	yes
Electrical issues		4		no
Seatbelt broke		1		no
Transmission		1		yes

Total days out of service for all problems: _____

Signature of Titled Owner(s) _____ Date _____

Printed Name of Titled Owner(s) _____

I am submitting this dispute for resolution in the BBB AUTO LINE program, and I agree to arbitrate the dispute under the BBB AUTO LINE Arbitration Rules.

Please mail or fax this completed form with copies of all available repair orders, your vehicle registration, your sales agreement or lease agreement, and any other relevant documents (e.g., written correspondence with the manufacturer, etc.) to:

**BBB AUTO LINE
3033 Wilson Blvd., Suite 600
Arlington VA, 22201
Fax: 703-247-9700**