

Fields with an "\*" are required

### Customer Information

Owned By Business:  Yes  No

\* First Name

\* Last Name

Phone Number

### Time

\* Component's Warranty End Date

\* Job Card Date

Days Out of Warranty 275

### Vehicle / Coverage

\* Full VIN

Make Chevrolet

\* Component Warranty Coverage

\* Repair Group

### Mileage

\* Component's Warranty End Mileage

\* Current Mileage

Miles Out of Warranty 16,124

### Repair Information

\* Total Repair Cost (Warranty Rates)

\* Job Card / Repair Order #

### Results

GM Participation Amount	\$90.50	Customer / Dealer Participation Amount	\$361.98 / 80%
Agreed Upon Customer / Dealer Participation Amount		<input type="text"/>	