

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

Repair Information

* Total Repair Cost (Warranty Rates)

Vehicle / Coverage

* Full VIN

Make

* Component Warranty Coverage

* Repair Group

Mileage

* Component's Warranty End Mileage

* Current Mileage

Miles Out of Warranty

* Job Card / Repair Order #

Results

GM Participation Amount	\$1,862.37	Customer / Dealer Participation Amount	\$0.00
Agreed Upon Customer / Dealer Participation Amount		<input type="text"/>	