REIMBURSEMENT PLAN

Requirements for Reimbursement

If you meet **all** of the following requirements, you are eligible to receive reimbursement under this plan:

1. You own or have owned a 2001-2002 Tribute vehicle equipped with an Anti-Lock Brake System (ABS) within the following VIN and production date ranges:

Model	VIN Range	Build Date Range
Certain 2001-2002 Tributes equipped with ABS	4F2 *U****1K M00212 - M67335 and 4F2 *U****2K M00002 - M66656	From April 20, 2000 through July 19, 2002

Note: The asterisk symbol "*" can be any letter or number.

- 2. You have paid for the inspection, repair or replacement of the brake master cylinder reservoir cap.
- 3. You have an original or legible copy of the paid repair order or invoice receipt showing:
 - Vehicle model and year, and vehicle identification number (VIN)
 - Your name and address at the time of repair
 - Description of the concern reported
 - Inspection, repair or replacement of the brake master cylinder reservoir cap
- 4. Mail this reimbursement application form in the enclosed envelope to:

Mazda North American Operations Attn: Recall Reimbursement Dept P.O. Box 57085 Irvine CA 92619-7085

Procedure for Reimbursement Request

Once your vehicle has had the brake master cylinder reservoir cap inspected, repaired or replaced, you may apply for reimbursement by doing the following:

- 1. Complete the Reimbursement Application Form found on the reverse side of this page.
- 2. Mail the Reimbursement Application Form with a <u>legible</u> copy of the paid repair order and/or invoice using the enclosed envelope. Also include any applicable payment receipts, i.e. credit card receipt, cancelled check, etc.
- 3. Retain copies of the paid repair order or invoice and this application form for your records.
- 4. You will be reimbursed for the amount you have paid for the inspection, repair or replacement of the brake master cylinder reservoir cap.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

REIMBURSEMENT APPLICATION FORM

2001-2002 Tribute Safety Recall 6712A

(Please type or print)				
Name:				
	First	Middle	Last	
Address:				
	Street Ad	ddress		
	City	State	Zip Code	
	Home:			
Phone Number:	Work:			
Vehicle Identification	Number (VIN):			
		(17 digits in lengt	h)	
Total Amount of Reir	mbursement Requester	d:		
		Dollars	Cents	
INST	RUCTIONS FOR GE	NERAL RELEASE D	ESCRIBED BELOW:	
	 Fill in ve 	ead thoroughly hicle identification nur General Release (be		

General Release

I am submitting to Mazda Motor Corporation ("Mazda") a claim for reimbursement for brake master cylinder reservoir cap inspection, repair or replacement performed to date. The vehicle identification number (VIN) is:

VIN: _____

In exchange for Mazda's payment of that claim, I hereby release Mazda, its agents, and its related entities from all claims for such inspection/repair costs. This release shall benefit Mazda and its authorized agent Mazda North American Operations, its regions/distributors (foreign and domestic), its authorized dealerships, and all their respective directors, officers, agents, employees, divisions, subsidiaries, and affiliated companies. This release shall bind my heirs, successors and assigns.

Dated:	Signed: