RECALL CUSTOMER NOTIFICATION / DEALER CLAIM FORM

VILLA RECALL 14E-009 & 14E-015

VILLA Driver & Passenger ABTS

Description of Parts Replaced, if Component, Record Brand Name, Model and Serial Number	Dealer Cost for Non Refundable Part	Description of Services Performed	Labor OP#	Time or Flat Rate	Labor Cost
N/R	N/R	ABTS Link recall repair		½ hr (2 seats)	
		ABTS Link recall inspection		¼ hr (2 seats)	

Dealer/Service Center name & address:

Claim must be submitted within 15 days after completion of work.
Return Claim Form WITH any Returnable Part, if Required.

I confirm the performance of the above work and accept it as being satisfactory.

_____ _____
Dealer Signature Date

_____ _____
Customer Signature Date

Customer name _____

Customer Address_____

Customer City, STATE, ZIP _____

INSPECTED OR REPAIRED VEHICLE _____VIN# _____

Villa driver seat label information RV#_____ _____Seat part # _____ INSP._____ REPAIRED_____

Villa passenger seat label information RV#_____ Seat part # _____ INSP._____ REPAIRED_____

NOTE: Please return a copy of this form to: Villa International 4733 Eastland Dr. Elkhart, IN. 46516
ph 574 389 8383, fx 574 389 9393, jim@villainternational.com