DAIMLER

Airbag Recall Completion Reward Request

Name/Address for Gift Card: _____
(Please Print)

_____

_____

REPAIRING DEALER, PLEASE FILL OUT: Dealer Code_____

OR Location Name if NOT a DTNA Dealer: _____

Date of Repair: _____ **VIN: XXXXXXXXXXXXXXXXX**

Dealer Signature: _____

Print Name: _____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO.324 PORTLAND OR

POSTAGE WILL BE PAID BY ADDRESSEE

DTNA WARRANTY
555 N AMBOY AVE UNIT 241
YACOLT WA 98675-0805