

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 2007-2012 CX-7 vehicles produced from February 14, 2006 through May 31, 2012.
Please do not send your title or registration, as these are NOT required.
2. You have paid for front lower control arms repair or replacement due to looseness of the ball joint, prior to launch of the safety recall 9716H in September 2016. You will only be reimbursed for repair or replacement of the Lower Control Arm ball joint. Repairs to tie rods, wheel bearings, steering racks, tires and other normal wear and tear items will not be reimbursed.
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
 - Front lower control arms repair or replacement

PLEASE DO NOT SUBMIT THIS FORM WITHOUT THE ABOVE DOCUMENTATION.

4. Mail this reimbursement application form with the applicable payment receipts 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

If your vehicle has had the front lower control arms repaired or replaced due to looseness of the ball joint prior to the launch of safety recall 9716H in September 2016, you may apply for reimbursement by doing the following:

1. Complete the Reimbursement Application Form found on the reverse side of this page.
2. Once your vehicle has been repaired according to the recall instructions, mail the Reimbursement Application Form with a legible copy of the paid repair order and/or invoice using the enclosed envelope. 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 front lower control arms repair or replacement.

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.

(SEE REVERSE SIDE FOR APPLICATION FORM)

