

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 2004-2008 RX-8 vehicle produced from April 10, 2003 through February 18, 2008.
Please do not send your title or registration, as these are NOT required.
2. You have paid for fuel leak repair due to a crack or fuel leak at the fuel pump rings or fuel pump discharge pipe, prior to launch of the recall. This reimbursement does not cover fuel pump failures.
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
 - Fuel pump rings repair and/or discharge pipe 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 fuel pump rings or discharge pipe repaired or replaced due to a crack or fuel leak prior to the launch of the recall, 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 fuel pump rings or discharge pipe 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.

