

## 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 RX-8 vehicle produced from April 10, 2003 through May 7, 2004. **Please do not send your title or registration, as these are NOT required.**
2. You have paid for front lower arm repair or replacement due to a crack or breakage at front lower arm ball joint case, prior to launch of the recall.
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)
  - Address and phone number of the repair facility
  - Your name and address at the time of repair
  - Description of the concern reported
  - Front lower arm 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 arm repair or replaced due to a crack or breakage at front lower arm ball joint case 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 front lower arm 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)  
**REIMBURSEMENT APPLICATION FORM**

**2004 RX-8 – Front Lower Arm Ball Joint  
Safety Recall 1117E**

***REQUIRED DOCUMENTATION MUST ACCOMPANY THIS FORM. SEE PAGE 1.***

(Please type or print)

Name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_  
  Street Address

\_\_\_\_\_   
  City  State  Zip Code

Phone Number: Home: \_\_\_\_\_  
  Work: \_\_\_\_\_

Email: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_  
  (17 digits in length)

Total Amount of Reimbursement Requested: \_\_\_\_\_  
  Dollars  Cents

**INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:**

- Please read thoroughly
- Fill in vehicle identification number
- Sign the General Release (below)

**General Release**

I am submitting to Mazda Motor Corporation (“Mazda”) a claim for reimbursement for repair or replacement of front lower arm 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: \_\_\_\_\_