

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 2009-2010 Mazda6 vehicle produced from February 4, 2008 through October 1, 2010, and originally sold in, or currently or previously registered in salt belt states listed in your Owner Letter.
Please do not send your title or registration, as these are NOT required.
1. You have paid for repair or replacement of the front cross member due to corrosion, perforation or breakage, prior to launch of the recall. Replacement of the front cross member due to an accident is not reimbursable
2. 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
 - Repair or replacement of the front cross member due to corrosion only

PLEASE DO NOT SUBMIT THIS FORM WITHOUT THE ABOVE DOCUMENTATION.

3. 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 cross member repaired or replaced due to corrosion, perforation or breakage 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 inspected as 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 repair or replacement of the front cross member based on Mazda's repair standards.

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

2009-2010 Mazda6 – Front Cross Member Corrosion Concern Safety Recall 2818I

REQUIRED DOCUMENTATION MUST ACCOMPANY THIS FORM. SEE PAGE 1.

(Please type or print)

Name: _____
First Middle Last

Address: _____
Street Address

City State Zip Code

Home: _____
Phone Number: _____
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 the front cross member 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: _____