

Out-of-Warranty/New Replacement AcuraLink Control Unit Repair Form

1. Technician: Complete the following items.

Your Initials: _____

Dealer Number	Date Vehicle Sold / /	Repair Order Number	Repair Order Date / /	Mileage	Vehicle Identification Number
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Client Complaint

- Could the client duplicate the problem? ☐ yes ☐ no Is this a *repeat* complaint? (Same problem on a replacement unit?) ☐ yes ☐ no
- Where is the problem? (Mark all that apply): ☐ XM (Audio) ☐ XM (Traffic) ☐ XM (Weather) ☐ XM (AcuraLink Messages) ☐ Other
- Please provide a complete description of any problems that apply (describe in comments section on next page)
- How long after purchase did the problem begin? ____ days / months / years (Circle one.)

Conditions

When: ☐ Always ☐ Sometimes ☐ After using for ____ minutes or ____ hour(s)

Where: ☐ Anywhere ☐ Country (Mountains or Trees) ☐ City (Tall Buildings) ☐ Other location (List in Comments section on next page.)

Weather: ☐ All weather ☐ Dry ☐ Humid ☐ Raining Outside temperature: ____°F

Driving: ☐ Stopped ☐ Moving ☐ Both

Engine: ☐ Running ☐ Off ☐ Both ☐ Other conditions: (List in Comments section on next page.)

Could you duplicate the problem? ☐ yes ☐ no

Your Initials _____

Below, mark all that apply.

☐ **Shared Functions**

☐ No sound ☐ Noise / static ☐ Sound distorted	☐ Left Front ☐ Subwoofer ☐ All Speakers ☐ Other location (Describe in Comments section on next page)	☐ Right Front ☐ Center Speaker	Symptoms ☐ Won't display information ☐ Won't switch to XM mode ☐ Other (Describe in Comments section on next page)
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Comments (List "Other" Symptoms and Conditions here.) _____

2. Parts Manager: If sending for repair complete the information, and follow the instructions below.

Payment Options _____

☐ **Check number** _____

Must enclose check with unit when sending to supplier for repair.

☐ **Credit card*** _____ Exp date: _____

☐ **M/C**

Signature is required to authorize charge to cardholder.

Authorized charge amount

☐ **VISA**

Name (Print) _____

\$ _____

Signature _____

Phone _____

*Suppliers accept MasterCard and Visa. If paying by credit card, all information requested above must be completed.

Warranty Claim Number	Faulty Unit Part Number	Serial Number	Replacement Unit Part Number	Serial Number

- Make two copies of this completed form. Attach the original (Dealer Copy) to the hard copy of the repair order.
- Pack one copy of this completed form in the box with the faulty unit **when sending to the supplier for repair.**