



**Capital Reman Exchange, LLC
Claim Form**

Customer Name:	
Address:	
City/State/Zip:	
Phone:	Contact:

Equipment:	Model:	Serial #:	Mileage:	Hours:

Install Date:	Installer's Name

Customer/Mechanic Failure Diagnosis – Please be detailed and specific



Capital Reman will need to receive the following in order to process a claim:

1. Any receipts for accessory parts/components purchased from other vendor(s)
2. Oil Sample
3. ECM data/fault history (if applicable)