



To the General Director of
Center Repair Technologies LTD

Warranty Act № _____ of “ _____ ” _____ 20 _____

1. Name _____
2. Tel _____
3. Email _____
4. Country _____
5. Car
 - Maker _____
 - Body _____
 - Year of production _____
 - VIN / Frame No.: _____
6. Quality problem Part #: _____ (____ pcs)
7. Date of Purchase _____ (DD/MM/YYYY)
8. Place of repair or installation/ Name of car service center _____
9. Date of defect appear _____ (DD/MM/YYYY)
10. Mileage from date of installation _____ miles (km)
11. Suspension modification _____
12. Please describe briefly how did defected bushing affect on the suspension operation:

13. Detailed description of the defected bushing (if possible, attach photos):

Signature _____

Date _____ 20 ____