

# Warranty form Shock Absorber



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## NO WARRANTY WITHOUT THIS FORM

### Dealer company

Dealer name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Postal Code/City: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Car owner

Name: \_\_\_\_\_

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

Postal Code/City: \_\_\_\_\_

Country: \_\_\_\_\_

### Vehicle

Vehicle type: \_\_\_\_\_

Model number: \_\_\_\_\_

Engine number: \_\_\_\_\_

Chassis number: \_\_\_\_\_

Licence plate number: \_\_\_\_\_

Mileage (KM) at fitting: \_\_\_\_\_

Mileage (KM) at break down: \_\_\_\_\_

Article number NIPPARTS	Fitting place		Date fitted	Comments
	<input type="checkbox"/> Front - left <input type="checkbox"/> Front - right	<input type="checkbox"/> Rear - left <input type="checkbox"/> Rear - right		
	<input type="checkbox"/> Front - left <input type="checkbox"/> Front - right	<input type="checkbox"/> Rear - left <input type="checkbox"/> Rear - right		
	<input type="checkbox"/> Front - left <input type="checkbox"/> Front - right	<input type="checkbox"/> Rear - left <input type="checkbox"/> Rear - right		
	<input type="checkbox"/> Front - left <input type="checkbox"/> Front - right	<input type="checkbox"/> Rear - left <input type="checkbox"/> Rear - right		

### Warranty Conditions

1. Two years after fitting, or 100.000 km, whatever comes first. Warranty application only valid with this fully filled and stamped form, and the original invoice of the fitting of the shock absorbers on the car.
2. Only the first owner can claim warranty. Warranty is not transferable.

### Company stamp

Date: \_\_\_\_\_

### Nipparts

(do not fill-in this form)