

Signature ____

Polyurethane Suspension Parts

To the General Director of Fulcrum Co Ltd.

Date: _____/ 20 ___

Warranty	Act No	of «» _	20	
1. Name:				
2. Tel.:				
3. Email:				
4. Country:				
5. Car:				
Maker:				
• Body:				
Year of production:				
• VIN / Frame No.:				
3. Quality problem Part №:	(pcs.)		
7. Date of Purchase:	(DD/MM	/YYYY)		
8. Place of repair or installation	/ Name of car se	vice center:		
9. Date of defect appear:	(DD/	MM/YYYY)		
10. Mileage from the date of inst	allation:	kilomete	rs /	miles
B. Suspension modification:				
9. Please describe briefly how di	d defected bushin	g affect on the suspe	ension's operation:	
10. Detailed description of the d	efected bushing (i	f possible, attach ph	otos):	