

1140 INVICTA DRIVE
OAKVILLE, ONT L6H 6G1
Phone (905) 845-3444
Fax (905) 845-8655



Warranty Request Form

Date _____

Company Name / Location : _____

Contact : _____ Phone : _____

IDS Part # : _____ Qty _____ Serial # : _____

Unit Description : ☐ Turbo ☐ Injector ☐ Fuel Pump ☐ _____

IDS Original Invoice # : _____ Invoice Date : _____

Date of sale to end user (dealers only) : _____

Date Installed : _____ Hours / Km's : _____

Date Removed : _____ Hours / Km's : _____

Vehicle Year / Make / Model : _____

Was a Replacement Purchased? _____ IDS Invoice # _____

Equipment down - Replacement or Repair Required: YES ☐ NO ☐

Customer Complaint / Reason for Claim : _____

Industry Diesel Use Only

RO #

Warranty Accepted ☐ Denied ☐ Other _____

Technician : _____

Notes : _____
