



Warranty Prior Authorization Request

Dealer _____

Date _____

To fill out this form, click on an area and enter your data and save to a known location on your hard drive. If you need to re-enter your information, you can click the CLEAR FORM button below to start over.

Customer _____

Representative _____

VIN NUMBER	YEAR	MAKE	MODEL	MILEAGE

DESCRIPTION OF THE PROBLEM AND CAUSE

WHAT DO YOU THINK IS THE SOLUTION? PARTS NEEDED?

WHAT IS THE TIME FRAME?

EMAIL TO SERVICE@ATCONVERSIONS.COM OR FAX TO (260) 758-2215 FOR PRE-APPROVAL