



WARRANTY CLAIM FOR MB SPECIAL TOOLS



Dealer Name: _____ Dealer code: _____ Region: _____ Date: _____

City: _____ Dealer Personnel Submitting Claim (Please print) _____

State: _____

| QTY. | MERCEDES-BENZ TOOL NUMBER (xxx 589 xx xx xx) | TOOL DESCRIPTION | DEALER NET \$ | INVOICE NUMBER | DATE |
|----------|--|------------------|------------------|-------------------|------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL \$ | | | | | |

DESCRIPTION OF PROBLEM:

AUTHORIZED DEALER SIGNATURE: _____ / Phone Number: _____

| | |
|--|--|
| FOR MBUSA USE INSPECTION | |
| MBUSA REPRESENTATIVE / DATE _____ / _____ | DEALER WORKSHOP SERVICES / DATE _____ / _____ |

Enclose tool, original claim, proof-of-purchase and mail to:

MERCEDES-BENZ USA, LLC
 Dealer Workshop Services/Tool Warranty
 50 Craig Road
 Montvale, New Jersey 07645

Claim No. : _____