



CCS CLAIM FORM

WARRANTY CLAIM NUMBERS

Original Claim _____

Based on Claim _____

MCI Fleet Support Fax: 1-800-360-8886

ALL CORRESPONDENCE MUST SHOW THE ABOVE MCI CCS NUMBER

U.S.A.	CANADA
Where MCI requires defective parts returned, ship to: MCI FLEET SUPPORT 7001 Universal Coach Drive Dock 14 Louisville, Kentucky 40258	Where MCI requires defective parts returned, ship to: MCI FLEET SUPPORT 260 Toronto Street New Castle ON L1B 1C2

CCS Account Number : _____ Vehicle Id Number: _____

Company Name: _____ Mileage: _____

Street Address: _____ Fleet Number: _____

City, State, Zip Code: _____ Date: _____

Contact Name: _____ Date Failed: _____

Phone Number: _____ Repair Order #: _____

Fax Number : _____ E-Mail Address: _____

Yes, by giving MCI my email address, I am subscribing to FYI by MCI and agree to receive information from MCI and its affiliates by email.

MCI Causal Part # : _____

COMPLAINT : _____

CAUSE : _____

CORRECTIVE ACTION: _____

IF REPAIRS WERE SUBLET, A COPY OF THE INVOICE MUST BE SUBMITTED

Check to Ship	QTY	MCI PART #	PART DESCRIPTION	PART COST Blank if MCI Supplied	LABOR HOURS
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
				Part Total	Labor Total

NOTE: ALL INFORMATION REQUESTED ABOVE MUST BE FILLED IN OR CLAIM CANNOT BE PROCESSED.

Claim Total

Signature: _____ Date Submitted: _____