



Nissan CVT Customer Satisfaction Program Reimbursement Request Form

Please print clearly to avoid processing delays.

FIRST NAME:					LAST NAME:				
ADDRESS (must be a street address):									
CITY:					STATE:		ZIP CODE:		
DAYTIME PHONE:					EVENING PHONE:				
EMAIL ADDRESS:									
VEHICLE MODEL:							MODEL YEAR:		
VIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
CERTIFICATION									
<p>I (We), _____, hereby submit this form requesting reimbursement for expenses incurred in connection with repair or replacement and/or related towing of the CVT on my model year 2003–2010 Nissan. I certify that these repairs have been made to this vehicle and that they were not previously paid for, in whole or in part, by Nissan.</p> <p>I request reimbursement in the amount of \$ _____. True and correct copies of documents in support of this request are attached. I (We) understand that this document is signed under penalty of perjury.</p>									
OWNER SIGNATURE:					DATE:				
CO-OWNER SIGNATURE:					DATE:				

INSTRUCTIONS:

1. Please completely fill out, sign, and date this form.
2. Provide the following documents (items A, B, & C, below), which are **required** to process your request. *(Please mark out all personal account numbers on documents for your privacy.)*
 - A. Copy of **REPAIR ORDER(S)** or **REPAIR INVOICE(S)**
 - B. Copy of **PROOF OF PAYMENT** (one of the following):
 - credit card receipt; or
 - credit card statement; or
 - canceled check; or
 - checking account statement; or
 - **original** receipt(s) if you paid cash
 - C. Copy of **PROOF OF OWNERSHIP** (one of the following):
 - registration; or
 - proof of insurance; or
 - sales contract (as either buyer or seller)
3. Mail or fax* the completed form and all required documents to the following:

Nissan CVT Reimbursement
P.O. Box 2909
Farmington Hills, MI 48333-2909

FAX: (615) 267-7502
Phone: (888) 388-0318

*If you paid cash for repairs, original receipts are required and must be mailed.

All requests must be postmarked/faxed by July 31, 2010.

Reimbursements are sent via FedEx to street addresses only (no P.O. Box/APO/FPO/international addresses).
Estimated processing time is 2 to 4 weeks from the date Nissan receives your request and all required documents.