

## Certain 2013 - 2016 Nissan Pathfinder Bell Crank Hood Lock

Please print clearly to avoid delays in processing.

FIRST NAME:		LAST NAME:	
ADDRESS 1:			
ADDRESS 2:			
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"/> <input type="text"/>			
<p>CERTIFICATION</p> <p>I (We), _____, hereby submit this form requesting reimbursement for expenses incurred in connection to <b>Certain 2013 - 2016 Nissan Pathfinder Bell Crank Hood Lock Assembly</b>. 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 /INFINITI. 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:

- Please completely fill out, sign, and date this form.
- Provide the following documents, which are **required** to process your request. *(Please mark out all personal account numbers on statements for your privacy.)*
  - Copy of **REPAIR ORDER(S) and applicable invoices** (for rental/towing)
  - **PROOF OF PAYMENT** for rental, repair and/or towing (any one of the following):
    - Copy of credit card receipt; or
    - Copy of credit card statement;
    - Copy of cancelled check; or
    - Copy of checking account statement
  - **PROOF OF OWNERSHIP** if repair is over \$1,000 (any one of the following) :
    - Insurance Card with Name, Address, and VIN; or
    - Copy of Title or Certificate of Title or
    - Bill of Sale or
    - Vehicle Registration or
    - Verification from Company owned vehicle person is Authorized Driver
- @Mail fax or email the completed form and all required documents to the following:

**Nissan Consumer Affairs**  
**PO Box 685003**  
**Franklin, TN 37068-5003**

**FAX:** (615) 267-7771  
**Phone:** (888) 833-3216  
**Email:** nissanassist@nissan-usa.com

The estimated processing time is within 30 days from the date Nissan receives your request and required documents.