



Warranty Form

*Customer Name:**Contact Name:**Phone Number:**Email:**Address:**Cummins Filtration
Contact:**Date of Contact :**Part Number:**Quantity:**Filter Date Code:**Filter Date in Service :**Filter/Part Failure Date:**Filter Miles/Km/Hours:**Engine Serial Number:**Equipment Make/Model:**Equipment VIN:**Equipment Miles/Km/Hrs:**Part Amount:**Labor:**Other:**Total Claim Amount:**Other Information:***Please follow the steps below:**

1. Fill out the Warranty Form and email to CFWarranty@cummins.com
2. Cummins Filtration will send you a RMA #
3. Return parts + Warranty Form to:
CUMMINS FILTRATION WARRANTY
1200 FLEETGUARD ROAD
COOKEVILLE, TENNESSEE 38506
4. Include invoices, pictures & any other information that will help adjudicate the claim.
5. Box the return filter using an appropriate fluid tight container where necessary.

Claim Description