Filtration

RMA #: FTDM-

# 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



LIVEWORKSHEETS