Warranty Prior Authorization Request

Dealer _____

_____

_____

Date _____

Customer _____

Representative _____

TO COMPLETE THIS FORM:
1. Download the PDF before filling it out.
2. Complete all applicable fields.
3. Choose Save As and confirm the file name ends in .pdf.
4. Attach the saved PDF to your email.

VIN NUMBER	YEAR	MAKE	MODEL	MILEAGE

DESCRIPTION OF THE PROBLEM AND CAUSE

WHAT DO YOU THINK IS THE SOLUTION? PARTS NEEDED?

WHAT IS THE TIME FRAME?

EMAIL TO SERVICE@ATCMOBILITY.COM FOR PRE-APPROVAL