

Claim # _____

SERVICE CLAIM FORM

SOUTHERN FINANCE INC.
Fax to: 660-200-7142

How to submit a claim: Call (775)313-9948 to speak to Service Administrator. This form must be filled out **prior** to authorization of any repairs. Claims are subject to coverage as outlined in your Used Vehicle Service Contract as presented by the Dealer. Before work will begin you will need to have signed this repair order and have contacted the Service Administrator directly. (Special consideration requires direct consent from the Service Administrator and could result in additional paperwork.)

CUSTOMER INFORMATION

Last Name: _____ First Name: _____
Address: _____ City, State, Zip: _____
Phone: _____ Account #: _____

VEHICLE INFORMATION

Year: _____ Date of Sale: _____
Make/Mod: _____ Odom @ sale: _____
VIN: _____ Current Odom: _____

DESCRIPTION OF ISSUE

(Please describe the difficulty you are experiencing. Be as detailed as possible. Continue on back if needed.)

By signing below I acknowledge and agree to the terms as set out by Service Administrator regarding repair of above listed vehicle. I fully understand that if I am unable to pay for my part of the repairs at the time of service, and I am assisted in doing such, I am 100% responsible to reimburse such expenses as directed below under "Billing".

Customer signature

Customer signature

FOR OFFICE USE ONLY

Covered:	Yes	No	Cust. Had dx.?	Yes	No
			Ordered:	_____	
			Shop:	_____	
			Estimate:	_____	
			Approved:	_____	
			Work complete:	_____	

Billing: _____