** QX30 Steering Column Lower Joint**

*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:  **⁯⁯⁯⁯⁯⁯⁯⁯⁯⁯⁯⁯⁯⁯⁯⁯⁯** | | |
| CERTIFICATION  I (We), , hereby submit this form requesting reimbursement for expenses incurred in connection with a repair/replacement on my QX30 as related to the steering column lower joint. 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 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. | | |
| OWNER SIGNATURE: |  | DATE: |
| CO-OWNER SIGNATURE: |  | DATE: |

**INSTRUCTIONS:**

# Please completely fill out, sign, and date this form.

1. 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

1. Mail fax or email the completed form and all required documents to the following:

The estimated processing time is within 30 days *from the date INFINITI receives your request*.

|  |  |  |  |
| --- | --- | --- | --- |
| **INFINITI Client Affairs AffaiAffairs** | **PC3**  **P3C** | **FAX:** | **(615) 967-2900** |
| **PO Box 685003**  **Franklin, TN 37068-5003** |  | **Phone: Email:** | **(800) 662-6200, Option 7**  [**infinitiassist@infiniti.com**](mailto:infinitiassist@infiniti.com) |