

Reimbursement Request Form



From:

Pages:

Phone:

Fax:

Email Address:

Vehicle Owner:

Street Address:

City:

State:

Zip:

Driver at the Time of Service:

Relationship of Driver to Vehicle Owner:

Type of Service:

Date of Service:

New Reimbursement Request OR **Missing Document Submission**

The following documents must be submitted in order for your claim to be eligible for reimbursement:

- Copy of the Original Invoice from the Seller showing the following:
 - Name and Address of the Seller
 - A Legible Date
 - Customer Name, Home Address, Phone Number
 - Vehicle Year, Make, Model
 - Purchase of Brake Pads
- Centric Parts PQ Pro Disc Brake Pads mirror hanger
- Copy of ONE of the following documents:
 - The original receipt (with \$ dollar amount) for roadside assistance service performed.
OR
 - Your credit card statement (with \$ amount) showing the charge for roadside assistance.
IMPORTANT: Please conceal your credit card number before sending your statement.

Documents may be sent by fax to 1-866-924-3668, by email to mechclaims@sonsio.com, or by postal mail to Centric Parts Customer Care, P.O. Box 17659, Golden, CO 80402.