

Extended Warranty

RV Owner: _____

Address: _____

City, ST, Zip: _____

Phone(s): _____

E-Mail: _____

RV Resort: _____ **Site:** _____

GPS Address: _____

Date of Departure: _____

OEM (RV Manufacturer) : _____

Year: _____ **Model:** _____ **Class:** _____

VIN: _____

MILAGE: _____ **Date of Purch:** _____

Warranty Provider: _____

Contract Number: _____

Phone # for Claims: _____

Deductible: _____ **Policy Expiration:** _____

ISSUE: _____

SIGNATURE: _____

Your signature is needed to attach to the warranty claim form.

PLEASE E-Mail or FAX or Snail Mail completed form back to Quality Matters RV Repair
qualitymattersRVrepair@gmail.com Fax: 717-427-1562 Mail: 8031 Bayshore Rd N Ft Myers FL 33917

Extended Warranty Payment Policy

Quality Matters bills a service call for every trip it takes to resolve an issue. The warranty provider will inform us if service calls are covered. Providers require a diagnostic process before authorization for repair is given. If required parts are not stock items, a return trip is necessary once parts arrive.

We charge a minimum one hour on the first trip, plus all labor over one hour thereafter. Subsequent trips get billed for actual labor which includes phone time between the technician and the warranty provider to relay the technical data to the warranty representative.

Some warranty providers cap the amount of labor they will cover based on flat rate averages. Some will cap the service call and labor rate as well. Quality Matters does not reduce rates to match what is authorized, and the difference becomes an out of pocket expense to the RV owner.

The RV owner is required to pay the deductible and any uncovered charges not authorized by the warranty provider. This is to be paid to the technician on the job site of the diagnostic trip. If the warranty provider is not open to process the claim at the time of service, the customer will pay the deductible to the technician. Once the tech continues the process to get authorization, the RV owner will be informed of the remaining balance due.

Once the technician's job is done, an office team member takes over the process of submitting an invoice with itemized details of the job. The total invoice is submitted to the warranty provider. Once payment is received from the warranty provider, a PAID invoice is provided.

Your signature below indicates you have read and understand the warranty policy and that you agree to pay the deductible and any amount not authorized by your warranty provider.

Signature: _____ Date: _____