SUMMARY OF REPAIR HISTORY

[For Defect(s) claimed ONLY]

CONSUMER: _____

VEHICLE YEAR/MAKE/MODEL: _____

DEFECT/NONCONFORMITY: _____DATE PURCHASED:_____

DATE IN	DATE OUT	REPAIR ORDER #	MILEAGE	ITEM/ACTION	NUMBER OF BUSINESS DAYS IN GARAGE	DAYS CONTESTED (MFG USE ONLY)