

ADVERTISEMENT

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VOLKSWAGEN/AUDI CLAIM FORM

PLEASE COMPLETE THIS QUESTIONNAIRE AND MAIL, EMAIL OR FAX THE COMPLETED FORM TO OUR OFFICE ALONG WITH A COPY OF YOUR SALES DOCUMENTS. TOLL FREE FAX (877) 333-4057, LOCAL FAX (985) 778-2233

NAME: _____
ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
HOME PH: _____ WORK PH: _____
MOBILE PH: _____ FAX: _____
EMAIL: _____
HAVE YOU EVER FILED OR ARE YOU PLANNING ON FILING BANKRUPTCY YES _____ NO _____

VEHICLE INFORMATION

YEAR: _____ MAKE: _____
MODEL: _____ VIN#: _____
DATE PURCHASED: _____ DID YOU PURCHASE THIS VEHICLE NEW? YES _____ NO _____
DO YOU STILL OWN THE VEHICLE? YES _____ NO _____
MILEAGE AT TIME OF PURCHASE: _____ CURRENT MILEAGE: _____

LIENHOLDER/BANK INFORMATION

NAME: _____
ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____
PURCHASE PRICE: _____ CURRENT PAYOFF: _____

DEALER INFORMATION

NAME: _____
ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____

ACKNOWLEDGMENT OF REPRESENTATION

I, _____ (REGISTERED OWNER) AUTHORIZE RICHARD C. DALTON, L.L.C. TO REPRESENT MY ABOVE CLIM WITH VOLKSWAGEN OF AMERICAN AND/OR AUDI OF AMERICAN, LTD SIGNED THIS _____ DAY OF 2015
REGISTERED OWNERS SIGNATURE _____