



**12E-020 Brake Valve Plunger  
Recall Claim Form**

\*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Distributor Name: \_\_\_\_\_ \*Bendix Acct. No: \_\_\_\_\_

Address: \_\_\_\_\_

City/St(Pr)/Zip(PC): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*Phone: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Ref. No: \_\_\_\_\_

Address: \_\_\_\_\_

City/St(Pr)/Zip(PC): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone: \_\_\_\_\_

\*VIN: \_\_\_\_\_ Distance: \_\_\_\_\_

Vehicle/Unit Number: \_\_\_\_\_

\*Date of service: \_\_\_\_/\_\_\_\_/\_\_\_\_ Invoice #: \_\_\_\_\_

Parts: \_\_\_\_\_

Labor: \_\_\_\_\_

Other (explain below): \_\_\_\_\_

\*Total Cost: \_\_\_\_\_

\*Explanation for other costs (if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Required Fields**

Attach legible copy of repair invoice to all claim submissions

Return completed forms to:

Bendix Commercial Vehicle Systems LLC  
901 Cleveland Street  
Elyria, OH 44035  
Attn: Brake Plunger Recall

Fax: (440) 329-9139

Email: [brakeplunger@bendix.com](mailto:brakeplunger@bendix.com)