



**15E021 Bendix® TR-3™ Inversion Valve  
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**

**Fax: (440) 329-9139**

**Email: [TR3campaign@bendix.com](mailto:TR3campaign@bendix.com)**

**Attn: Bendix® TR-3™ valve recall**