

## LEASE EXCESS WEAR & TEAR PROTECTION CLAIM FORM NOTICE OF CLAIM

Customer's Name:	
Customer's daytime telephone number:	
Customer's email address:	
Dealership from whom product was financed:	
Lessor/Lienholder:	
Scheduled Finance Agreement Termination Date:	
Actual Finance Agreement Lease Termination Date:	
Amount of Logic Evices Week 9 Tear Demogra	۵
Amount of Lease Excess Wear & Tear Damage:	\$

Please include a **copy** of the following documents:

- Lease Excess Wear & Tear Agreement
- Bill from your Lessor/Lienholder for Excess Wear & Tear Charges and Excess Mileage Charges (where applicable)
- Lease Agreement
- Copy of Condition Report/Inspection

Submit all information to:

**Safe-Guard Products International, LLC** 

Attention: Claims Department 3500 Piedmont Road NE, Suite 400

Atlanta, Georgia 30305

800-890-7211 Fax: 678-420-9096

Safe-Guard Products International, LLC/Program Administrator • 3500 Piedmont Road NE, Suite 400 • Atlanta, Georgia 30305 • 800-742-7896

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