



Warranty Form

Customer Name: _____

Contact Name: _____

Phone Number: _____

Email: _____

Address: _____

Cummins Filtration Contact: _____

Date of Contact : _____

Part Number: _____

Quantity: _____

Filter Date Code: _____

Filter Date in Service : _____

Filter/Part Failure Date: _____

Filter Miles/Km/Hours: _____

Engine Serial Number: _____

Equipment Make/Model: _____

Equipment VIN: _____

Equipment Miles/Km/Hrs: _____

Part Amount: _____

Labor: _____

Other: _____

Total Claim Amount: _____

Other Information: _____

Please follow the steps below:

1. Fill out the Warranty Form and email to CFWarranty@cummins.com
2. Cummins Filtration will send you a RMA #
3. Return parts + Warranty Form to:
CUMMINS FILTRATION WARRANTY
1200 FLEETGUARD ROAD
COOKEVILLE, TENNESSEE 38506
4. Include invoices, pictures & any other information that will help adjudicate the claim.
5. Box the return filter using an appropriate fluid tight container where necessary.

Claim Description

Empty box for Claim Description