

COMPLETE & RETURN TO:

D-CAP

South Dakota Automobile Dealers Association
PO Box 89008
Sioux Falls, SD 57109-9008
(605) 336-2616



**CUSTOMER'S
NAME & ADDRESS**

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	
Number	Street	
_____	_____	_____
City	State	Zip Code
_____	_____	
Home Phone	Business Phone	

**DEALER'S
NAME & ADDRESS**

Dealership Name: _____

Address: _____

Name of Person you dealt with: _____

**MANUFACTURER'S
NAME & ADDRESS**

Name of Manufacturer: _____

Address: _____

Name of Person you dealt with: _____

Vehicle Identification Number: _____ Make: _____ Model: _____

Year Purchased: New Used From: _____ Selling Dealer _____

Document Number (if any): _____ Repair Order, Bill of Sale, Etc. _____

Mileage at Purchase: _____ Present Mileage: _____ Date Purchased: _____

DESCRIPTION OF CUSTOMER'S COMPLAINT:

I AM SEEKING THE FOLLOWING REMEDIES OR ADJUSTMENTS:

Signature of Customer

PLEASE ATTACH: COPIES OF REPAIR ORDERS, RECEIPTS AND OTHER PAPERS RELEVANT TO YOUR CASE.