

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.**