

SilverRock Automotive, Inc.  
PO Box 29087 Phoenix, AZ  
85038-9087



---

## REIMBURSEMENT REQUEST FORM

---

Date: \_\_\_/\_\_\_/\_\_\_

RE: Reimbursement Request

Dear Customer,

Please use this form to submit your reimbursement request. All requests will be evaluated in accordance with your contract to determine if they are eligible for reimbursement. Any incomplete information may delay or prevent reimbursement. Please include the required documentation outlined below when submitting this request. Allow 10-14 business days for your request to be processed. For any updates regarding your reimbursement, please check your email.

### Instructions:

**Complete and return this reimbursement request form along with the required documentation (below)**

#### Required Documentation:

- Completed Reimbursement Request Form (this form)
- Invoice for: Repair, Rental (must include final rental agreement), and/or Tow
- Proof of Payment (receipts)

Email all documentation to: [ClaimReimbursement@SilverRockinc.com](mailto:ClaimReimbursement@SilverRockinc.com)

### Customer Information:

The following information must be filled out by you, in its entirety, to ensure no delays with your request.

<b>Owner of Vehicle</b> (Buyer and/or Co-Buyer)	
<b>Full VIN (of your vehicle)</b>	
<b>Mailing Address</b> (Including full mailing address with apt/bldg number, state, and zip code)	
<b>What are you seeking reimbursement for?</b>  *Please describe	Checkmark your Reimbursement Request:  <input type="checkbox"/> Rental- How many days of rental are you requesting? _____ <input type="checkbox"/> Tow <input type="checkbox"/> Alternate transport (Lyft, Uber, Etc.) <input type="checkbox"/> Repair(s)*: _____ <input type="checkbox"/> Other*: _____
<b>Requested Amount</b>	\$ _____

Please give us a call at (877) 584-3848 if you have any questions, we are more than happy to help.

If you are unable to email, please mail to:

SilverRock Automotive, Inc  
P.O. Box 29087  
Phoenix, AZ 85038-9087