



# Pathfinder Stop Lamp Switch

Please print clearly to avoid delays in processing.

FIRST NAME:		LAST NAME:	
ADDRESS 1:			
ADDRESS 2:			
CITY:		STATE:	ZIP CODE:
DAYTIME PHONE:		EVENING PHONE:	
EMAIL ADDRESS:			
VEHICLE MODEL:		MODEL YEAR:	
VIN:			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>CERTIFICATION</b> I (We), _____, hereby submit this form requesting reimbursement for expenses incurred in connection with a repair/replacement on my Pathfinder as related to the stop lamp switch. I certify that these repairs have been made to this vehicle and that they were not previously paid for, in whole or in part, by Nissan. I request reimbursement in the amount of \$_____. True and correct copies of documents in support of this request are attached. I (we) understand that this document is signed under penalty of perjury.			
OWNER SIGNATURE:		DATE:	
CO-OWNER SIGNATURE:		DATE:	

### INSTRUCTIONS:

- Please completely fill out, sign, and date this form.
- Provide the following documents, which are **required** to process your request. *(Please mark out all personal account numbers on statements for your privacy.)*
  - Copy of **REPAIR ORDER(S) and applicable invoices** (for rental/towing)
  - **PROOF OF PAYMENT** for rental, repair and/or towing (any one of the following):
    - Copy of credit card receipt; or
    - Copy of credit card statement;
    - Copy of cancelled check; or
    - Copy of checking account statement
  - **PROOF OF OWNERSHIP** if repair is over \$1,000 (any one of the following) :
    - Insurance Card with Name, Address, and VIN; or
    - Copy of Title or Certificate of Title or
    - Bill of Sale or
    - Vehicle Registration or
    - Verification from Company owned vehicle person is Authorized Driver
- Mail fax or email the completed form and all required documents to the following:

**Nissan Consumer Affairs P3C**  
**PO Box 685003**  
**Franklin, TN 37068-5003**

**FAX: (615) 267-7771**  
**Phone: (800) 867-7669**  
**Email: nissanassist@nissan-usa.com**

The estimated processing time is within 30 days from the date Nissan receives your request.