

MAZDA MOBILITY ASSISTANCE PROGRAM CLAIM FORM

Customer Information:

Name: _____

The purchaser's or lessee's name must be identical to the name on the vehicle purchase or lease agreement.

Address: _____

City: _____ State: _____

ZIP Code: _____ Telephone: _____

Vehicle Information:

Vehicle Identification Number: _____

Year/Model (e.g. 2016 CX-9, 2017 Mazda3): _____ Delivery Date: _____

Name of Selling Dealership: _____

Modifications: Please List _____

I, the undersigned customer, hereby certify that my vehicle purchase/lease complies with the Mazda Mobility Assistance Program eligibility requirements.

Signature: _____ Date: _____

Complete the information requested above and attach the following documents:

1. A legible photocopy of the signed Bill of Sale or Lease Agreement for the Mazda vehicle from an authorized Mazda Dealer
2. A copy of the registration or title, and a copy of the purchaser's current driver's license
3. A legible photocopy of paid invoice(s) for adaptive driving aids/mobility assistance equipment installed on the purchased/leased vehicle
4. A legible photocopy of paid invoice(s) for the installation of adaptive driving aids/mobility equipment on the purchased vehicle by a qualified installation provider
5. A physician's statement identifying the specific need(s) for mobility assistance
- 6. Note that Genuine Mazda Accessories (e.g Side Step Tubes) are not eligible for reimbursement. Please refer to the Program Guide for further information on excluded items.**

All claims must be received within three (3) months of purchase to be eligible for payment.

Please remit the completed form, along with your documents, to:

Mazda Program Headquarters
Dept. 09261
P.O. Box 2909
Farmington Hills, MI 48333-2909
Or by Fax: (248) 848-7305
Or by email: MPHSupport@concentrix.com

For more information on the Mazda Mobility Program, call us at (877) 380-4854.