

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 must be received within 90 days of the original payment date as shown on your payment invoice or receipt and will be evaluated in accordance with your contract to determine if they are eligible for reimbursement. Requests received after 90 days may be denied.** Any incomplete or incorrect information may delay or prevent reimbursement. Please include the required documentation outlined below when submitting this request. Allow 7-10 business days for your request to be processed, depending on the payment option you prefer. 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
 - * Repairs: provide the final repair order/invoice with customer and vehicle information, date and vehicle mileage at time of service, and all repairs completed with outline of charges/fees
 - * Rental: provide the final rental invoice with date of rental vehicle pickup and return, and a breakdown of final charges/fees. Preliminary rental estimates will not be accepted. Receipts for alternate transportation must include customer name, date, and all charges/fees.
 - * Towing: provide the final invoice including tow company information, customer and vehicle information, date and location of service, and all charges/fees.
- ☐ Proof of Payment (receipts)

Email all documentation to: ClaimReimbursement@SilverRockinc.com

Customer Information:

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

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

Requested Amount	\$
Payment Options:	Checkmark your preferred payment option: ☐ Zelle (2-3 business days) Payment Consent Form below. ☐ Check (7 - 10 business days)

ZELLE PAYMENT CONSENT FORM

Zelle Payment Information (if selected as the payment option above)

Instructions:

To receive payment through Zelle, please only provide the email address or phone number registered with your Zelle account to avoid delays or failed transactions.

Zelle Account Name	Email Address (Only if linked to Zelle)	Phone Number (Only if linked to Zelle)	Financial Institution i.e. Wells Fargo, Chase, Sofi

Important Notice:

- *The email or phone number provided must match your Zelle account to ensure successful payment.*
- *Reimbursement funds will be deposited into your Zelle account. If your account is not set up, you will receive a link to set up a Zelle account from Zelle and a request to accept the funds within 14 days. If you do not accept the funds within 14 days of SilverRock's transmission of funds, the transaction will be systematically cancelled, and the funds will be returned to SilverRock. If the transaction is cancelled, or If there is a failure on delivery and the funds are returned to our bank, SilverRock will issue a check to the mailing address listed above.*

To receive payment through Zelle you must agree to each of the following by checking the boxes and by adding your full name and signature below. If you fail to both check the boxes and provide your name and signature, SilverRock will provide reimbursement by check only to the mailing address provided above:

- ☐ I authorize SilverRock Automotive to use my email address and/or phone number to send information related to Zelle and the payment application for the purpose of receiving reimbursement. I acknowledge that Zelle is my preferred method of reimbursement and unless otherwise specified, payments may be sent through Zelle.
- ☐ I certify that the information I provided is true and accurate to the best of my knowledge. I acknowledge that incomplete or inaccurate information may result in delays or denial of reimbursement. Furthermore, I understand that if I provide incorrect payment details and the funds are accepted by an unintended recipient, I forfeit any right to reimbursement or recovery of those funds.

Signature: _____ **Full Name:** _____
Date: ____ / ____ / ____

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:

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