



**OOIDA Member Claim Form**

Member's Name: \_\_\_\_\_

OOIDA Membership Number: \_\_\_\_\_ (Attach copy of membership card)

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment/Unit Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please fax or mail this form with a copy of the warranty registration and Bill of Sale to the following:**

**Volvo Trucks OOIDA Rebate Offer  
Fax 336-393-2197  
Volvo Trucks North America  
7900 National Service Road  
Greensboro, NC 27409**

**Claims CANNOT be processed without the following information:**

- Copy of the Bill of Sale
- Photo copy of OOIDA Membership Card
- Home mailing address
- Home phone number
- Social security number
- Copy of warranty registration

**All Claims must be received within 30 days of the date of warranty registration**

Disclaimer: Volvo Trucks North America reserves the right to modify or terminate this program at any time. This program cannot be combined with other programs unless such combination is specifically permitted by the express terms of this program. No modification to program incentives or substitutions for program incentives permitted. Volvo Trucks North America is not responsible for schedule changes initiated by the customer, the dealer, Volvo Trucks North America or suppliers that may affect trucks otherwise qualifying for this program.