

Consumer Arbitration Program for Motor Vehicles (CAP-Motors) Application for Ford Powershift Transmission Settlement

(Please type or print clearly)

Name: _____

Street Address: _____

City, State, ZIP _____

Phone: _____ (Home) _____ (Work) _____ Other, please specify)

Email: _____

Vehicle Identification Number (VIN): _____

Vehicle Model: _____ Year: _____ Vehicle Purchased New Used

Date purchased: _____ Mileage at time of purchase: _____ Current Mileage: _____

Do you currently own the vehicle? Yes No If no, on what date was the vehicle sold? _____

Selling Dealer: _____ City/State: _____

Servicing Dealer(s): _____ City/State: _____

1. Involved Part or Condition: _____

Describe Unresolved Concern: _____

of times this part/condition has been repaired? _____ # of days out of service? _____

2. Part or Condition: _____

Describe Unresolved Concern: _____

of times this part/condition has been repaired? _____ # of days out of service? _____

3. Part or Condition: _____

Describe Unresolved Concern: _____

of times this part/condition has been repaired? _____ # of days out of service? _____

Please attach additional pages if necessary. Please attach readable COPIES of repair orders.

What do you want done to resolve your concern: _____

In this program the Arbitrator's decision is binding on Ford Motor Company once it is accepted by the consumer. The Arbitrator's decision regarding a claim for repurchase or replacement is binding on Ford once you accept it. If you reject the decision, you may appeal, but you must pay the fee for the appeal. If you prevail on the appeal, Ford will reimburse the fee. Neither the Administrator nor the Arbitrator involved in a hearing under this program is a necessary or proper party in judicial proceedings relating to the arbitration. Parties to an arbitration shall be deemed to have consented that neither the Administrator nor the Arbitrator shall be liable to any party in any action for damages or injunctive relief for any act or omission in connection with an arbitration under this program.

Signature: _____ Date: _____