AUTOCAP

Automotive Consumer Action Program

Case #_____

South Carolina Automobile Dealers Association
526 Hampton Street, Columbia, SC 29201
803.254.4040 fax 803.252.5965
bgruber@scada.org

Print your name and address

_____

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_____

Dealership name and address

_____

_____

_____

Phone: Office:_____**Work:**_____

Vehicle Information:

Make:_____**Model:**_____ **Vehicle Identification No.(VIN)**_____

Year:_____**Purchased: New** ☐ **Used** ☐ **Dealership name**_____

Mileage at purchase:_____**Present Mileage:**_____**Date Purchased:**_____

Please describe your complaint and attach documentation:

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Explain what action you are seeking:

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Signature:_____