

**REQUEST FOR REVIEW OF DENIED  
ETM REIMBURSEMENT CLAIM**

To request that Volvo review a denied ETM Extended Warranty reimbursement claim, please fill out this form and send to Volvo with the following two items:

1. A copy of the documentation you submitted to Advertising Checking Bureau in order to obtain reimbursement for ETM expenses; and
2. The letter you received from Advertising Checking Bureau denying reimbursement for ETM expenses.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Vehicle Identification Number (if known): \_\_\_\_\_

Please send all requested information to Volvo at the following address:

**VOLVO CUSTOMER CARE DEPARTMENT  
attn: ETM Reimbursement Program  
1 Volvo Drive  
Rockleigh, New Jersey 07647-0913**