

REIMBURSEMENT PLAN

I. Requirements for Reimbursement

If you meet **all** of the following requirements, you are eligible to receive reimbursement under this plan:

1. **Recall #91007 has been performed at an authorized Mazda dealer.**
2. You own or have owned a subject vehicle within the following VIN range:
1995 Protégé: JM1BA14**S0 100002 – JM1BA14**S0 181242
1996 Protégé: JM1BB14**T0 300006 – JM1BB14**T0 302872
(Note: “*” can be any number or letter)
3. You have paid for the repair of a headlight switch or a combination switch due to a defect in material or workmanship.
4. The repair has been paid for prior to receiving this letter.
5. You have an original or legible copy of the paid repair order or invoice receipt showing:
 - Repairs of the headlight switch or the combination switch due to headlight failure
 - Itemized part(s) and labor charges
 - Vehicle model and year, and vehicle identification number (chassis number)
 - Earlier date of either first use or retail delivery of the vehicle
 - Repair date
 - Repair mileage
 - Name, address and telephone number of the authorized Mazda Dealer or a licensed repair shop where such repairs were performed
6. Mail this reimbursement application form in the enclosed envelope (before August 2001) to:
Mazda North American Operations
P.O. Box 5049
EI Toro, CA 92630

II. Procedure for Reimbursement Request

If you wish to apply for reimbursement under this plan, please:

1. Fill in the reimbursement application form clearly.
2. Mail this application together with a legible copy of the paid repair order or invoice.
3. Retain copies of the paid repair order or invoice and this application form for your records.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Mazda will return reimbursement application forms that are incomplete, illegible or sent without the legible copy of the paid repair order or invoice. Please allow 6-8 weeks for processing.

(SEE REVERSE SIDE FOR APPLICATION FORM)

Reimbursement Application Form

Recall #91007

1995-1996 Protégé Headlight Switch or Combination Switch

(Please type or print)

Name: _____
First Middle Last

Address: _____
Street Address

_____ City State Zip Code

Home: _____
Phone Number: _____
Work: _____

Vehicle Identification Number (VIN): _____
(17 digits in length)

Total Amount of Reimbursement Requested: _____
Dollars Cents

INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:

Please:

- Fill in vehicle identification number
- Read thoroughly
- Sign the General Release at the bottom

General Release

I am submitting to Mazda Corporation ("Mazda") a claim for reimbursement for all repair(s) performed to date in connection to the headlight switch or the combination switch due to a defect in material or workmanship on my Mazda vehicle, identification number:

VIN: _____

In exchange for Mazda's payment of that claim, I hereby release Mazda, its agents, and its related entities from all claims for such repair costs. This release shall benefit Mazda and its authorized agent Mazda North American Operations, its regions/distributors (foreign and domestic), its authorized dealerships, and all their respective directors, officers, agents, employees, divisions, subsidiaries, and affiliated companies. This Release shall bind my heirs, successors and assigns.

Dated: _____ Signed: _____

(SEE REVERSE SIDE FOR REIMBURSEMENT PLAN DETAILS)