

Volkswagen Car-Net Dispute Resolution Program

ARBITRATION REQUEST FORM

Consumer Information

NAME (last, first, middle)

STREET ADDRESS

CITY

STATE

ZIP

BEST DAYTIME NUMBER

EMAIL

Vehicle information

MAKE

MODEL

YEAR

VOLKSWAGEN CAR-NET CUSTOMER ACCOUNT NUMBER

Other Information

Please describe the nature of your dispute:

What remedy are you seeking?

(Please refer to the Volkswagen Car-Net Terms of Service for eligible remedies.)

VEHICLE OWNER'S SIGNATURE (Form must be signed by vehicle owner):

DATE:

By signing and submitting this form, I am requesting arbitration under the *BBB National Programs Arbitration Program - Information and Rules for the Dispute Resolution Program for Volkswagen Car-Net.*

RETURN THIS FORM VIA MAIL, EMAIL, OR FAX TO THE FOLLOWING ADDRESS:

BBB National Programs, Inc.

ATTN: Volkswagen Car-Net

3033 Wilson Boulevard, Suite 600 Arlington, VA 22201

FAX: 703-247-9700



**National
Programs**