

REIMBURSEMENT APPLICATION FORM

2004-2009 RX-8 Clutch Pedal Assembly Warranty Extension Program SSP82

(Please type or print)

Name: _____
 First Middle Last

Address: _____
 Street Address

 City State Zip Code

Phone Number: Home: _____
 Work: _____

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

Total Amount of Reimbursement Requested: _____
 Dollars Cents

INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:

- Please read thoroughly
- Fill in vehicle identification number
- Sign the General Release (below)

General Release

I am submitting to Mazda Motor Corporation ("Mazda") a claim for reimbursement for the replacement of the clutch pedal assembly performed to date in connection with a problem with the clutch pedal bracket. The vehicle identification number (VIN) is:

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 inspection/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: _____