

Spec:

City

Sales Date:

and repair measures

Customer Address

Warranty Repair Report / Battery Charger

REVISION: B

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Mail this form with parts (unless other-wise notify	ied)
within 30 days of service to:	

Service Date:

Model:

/ /

Describe failure mode, symptoms

her-wise noti ice to:						
Customer ar	nd Cha	rger	Information			
	Serial/	Num	ıber	Date (Code:	
ice Date:	/	/	Failed Date	/	/	
			Phone:			

Zip Code:

State
Service Procedure Preformed

Parts, Labor and Travel Calculations

		-					
Qty	Part No.		Descr	ription		Unit Cost	Total
							\$
Part Ret	urned: Yes/No (Plea	ase Circle) Date:				Freight Cost	\$
Labor ar	d Travel Allowance	Calculations:				Total Parts	\$
		Total Time:		Amount Claimed	1:	Amount Allo	wed
Labor:							
(3 hr ma	x @ \$35.00)		\$			\$	
Travel:							
(4 hr ma	x @ \$25.00)		\$			\$	
Miles:							
(100 max	x @ \$0.29)		\$			\$	
See War	ranty Policy for Tern	ns & Conditions		<u>Claim</u> [<u>Fotal</u>	\$	
		Service Provider Information Cla			Cla	<u>im/Job</u> No <u>.</u>	•
Business	Name:						
Business	Address:						
City				State		Zip	
Telepho	ne			Fax No.			

I hereby certify the information contained hereon is accurate and services performed were at no charge to the customer; Services performed were not a result of customer neglect or abuse. MAC reserves the right to contact the customer for quality purpose. Incomplete Claims / Blocks may be returned to submitting organization for additional information.

Print Name:_____Signature:___

_____Date: ____