

# AUTHORIZED SERVICE CENTER WARRANTY REPAIR CLAIM FORM



DATE:	MODEL #:	MAGNUM RMA #:						
ISSUED BY:	SERIAL #:	DEALER WO#/PO#:						
<b>SERVICE CENTER</b>								
BUSINESS NAME:		CONTACT NAME:						
ADDRESS:								
PHONE:								
FAX:								
<b>CUSTOMER</b>								
NAME:								
ADDRESS:								
PHONE:								
<b>PROBLEM</b>								
SERVICES PERFORMED:								
<b>LABOR CLAIMS</b>				<b>PARTS CLAIMS</b>				
<b>LABOR CODE</b>	<b>TIME</b>	<b>RATE</b>	<b>AMOUNT</b>	<b>Part #</b>	<b>Description</b>	<b>Rev #</b>	<b>AMOUNT</b>	
DIAGNOSTIC TIME	.50 HR	\$	\$				\$	
R & R INVERTER/CHARGER	1 HR	\$	\$				\$	
R & R AC BOARD	.75 HR	\$	\$				\$	
R & R FET BOARD	.75 HR	\$	\$				\$	
R & R TRANSFORMER	.75 HR	\$	\$				\$	
R & R CONTROL BOARD	.50 HR	\$	\$				\$	
R & R FILTER BOARD	.50 HR	\$	\$				\$	
R & R REMOTE (RC, ARC, RTR)	.50 HR	\$	\$				\$	
R & R MODULE (AGS, BMK, MW, or SBC)	.50 HR	\$	\$				\$	
R & R BREAKER	.50 HR	\$	\$				\$	
SERVICE CENTER TEST <small>(AUTHORIZED SERVICE CENTER TEST FORM P/N 64-1501 MUST BE INCLUDED)</small>	.75 HR	\$	\$				\$	
							\$	
							\$	
							\$	
<b>LABOR TOTAL</b>			\$	<b>PARTS TOTAL</b>			\$	
TECHNICIAN:				<b>LABOR &amp; PARTS TOTAL</b>				\$
CUSTOMER SIGNATURE: _____				<b>SHIPPING</b>				\$
DATE: _____				<b>TOTAL</b>				\$

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<b>TOTAL</b>	<input type="checkbox"/> USD  <input type="checkbox"/> CAD	\$
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