

DEALER WARRANTY REPAIR CLAIM FORM



PRIOR AUTHORIZATION REQUIRED BEFORE INITATING REPAIRS

DATE:	MODEL #:	MAGNUM RMA #:						
ISSUED BY:	SERIAL #:	DEALER WO#/PO#:						
SERVICE CENTER								
BUSINESS NAME:		CONTACT NAME:						
ADDRESS:								
PHONE:								
FAX:								
CUSTOMER								
NAME:								
ADDRESS:								
PHONE:								
PROBLEM								
SERVICES PERFORMED:								
LABOR CLAIMS				PARTS CLAIMS				
LABOR CODE	TIME	RATE	AMOUNT	Part #	Description	Rev #	AMOUNT	
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	\$	\$				\$	
							\$	
							\$	
							\$	
							\$	
							\$	
LABOR TOTAL			\$	PARTS TOTAL			\$	
TECHNICIAN:				LABOR & PARTS TOTAL				\$
CUSTOMER SIGNATURE:				SHIPPING				\$
DATE:				TOTAL				\$

Magnum Energy Inc.
2211 W. Casino Rd
Everett, WA 98204
Phone: 425-353-8833
Fax: 425-353-8390
www.magnumenergy.com

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