



Warranty Claim Form		Warranty #	To be completed by Warranty Manager		
		Submitted By:			
Contractor: Name/Address /Contact			SU#/RU#/Job Number		
Ship To: Name/Address /Contact			Date Submitted		
Customer P.O. PO required			Note: Labor charges for repairs and freight charges for new part(s) and returned part(s) are not covered under warranty. Customer PO is required for all labor (including travel and expense) and freight charges for returned and new parts.		
When Happened	<input type="checkbox"/> After start-up <input type="checkbox"/> After ____ months <input type="checkbox"/> During the warranty period <input type="checkbox"/> Other (<input type="checkbox"/> Suddenly ▪ <input type="checkbox"/> Second Time ▪ <input type="checkbox"/> Repeatedly)				
On What System	<input type="checkbox"/> Screw ▪ <input type="checkbox"/> Reciprocating ▪ <input type="checkbox"/> Comp & Unit ▪ <input type="checkbox"/> Piping ▪ <input type="checkbox"/> Motor Starter Control <input type="checkbox"/> Others ()				
Model / Type					
<u>Symptom</u>			<u>Cause</u>		
Please include photos of the claim on the following page					
Please email the report to: Csternal@mayekawausa.com and Dquintero@mayekawausa.com					
Warranty Accepted <input type="checkbox"/> Warranty Declined <input type="checkbox"/> Remarks:					0/0/25

* If require more detail, use other pages.

Noted by:

Rev. 5 Input date

