



AUTHORIZED SERVICE REPORT

CRÉDITÉ SUR / REMPLACÉ SUR:
.....

Instructions:
Please complete this report - be as thorough as possible.
BOLD* areas **must** be completed to make a warranty claim.
attach this report to your original invoice and mail to:

Marathon Electric - Service Dept.
P.O. Box 8003
Wausau, WI 54402-8003

Authorized Service Station



MEP INC.
10021 RENAUDE LAPOINTE
ANJOU, QUÉBEC
Canada H1J 2T4

Customer (Owner)

Name _____
Address _____
Cust. No.: _____ MEP Warr No _____
Month since mfg: _____ Month since installed _____

SERVICE DATA

DATE INSTALLED* _____ **DATE FAILED*** _____

Driven Equipment (Brand name, description) _____

Is motor powered by a solid state starter or variable speed drive? Yes No Make _____ Model _____

Customer Complaint _____

REPAIRS MADE* _____

IN YOUR OPINION - WHAT CAUSED THE PROBLEM* _____

NAMEPLATE DATA

MODEL NO.* _____
(COMPLETE MODEL INCLUDING PREFIX AND SUFFIX LETTERS)
Serial No. _____
HP _____ RPM _____
Frame _____ Bearings _____
Volts _____ Amps _____
Our Quote No. _____
Your Invoice No. _____
Total Charges _____
Report Made By _____
Date _____

**DO NOT WRITE IN THIS SPACE
OR TAPE ANYTHING OVER THE TOP**

WHERE REPAIRED	S	W	P	C	O	L
DEFECT CODE						
SERVICE STATION						
CUSTOMER						
MODEL NUMBER						
FACTORY RATING	1	2	3	4	5	6 7 8 9
CLASS	1	2	3	5		
DATE CODE						
MONTHS IN USE						
DEPARTMENT RESPONSIBLE	M	R	E	S	P	C
QUANTITY						
COST						