

# Warranty Claim

|  |              |                      |                        |
|--|--------------|----------------------|------------------------|
| Customer Name                              |              | Address              |                        |
| Purchaser Name                             |              | Address              |                        |
| Item/Model No.                             |              | Serial No.           | RMA No.                |
| Invoice No.                                | Invoice Date | Date of Installation |                        |
| Date Purchased                             |              | Date of Claim        | Date of Failure        |
| Type                                       | HP           | Volts                | Phase                  |
| Frame                                      | Poles        | Cycle                | Mfg. of Driven Machine |
| Output RPM                                 | Motor RPM    | Code                 | Type of Driven Machine |
| Problem Description                        |              |                      |                        |
| Request Immediate Replacement:<br>Yes / No | Signature    |                      | Date                   |

**DO NOT WRITE BELOW THIS LINE. AURORA MOTORS PERSONNEL ONLY.**

|   |      |
|---|------|
| Notes   |      |
| <input type="checkbox"/> Approved <input type="checkbox"/> Rejected |      |
| Signature   | Date |

