



## Warranty Evaluation Form

Date of pick-up:

Customer Name & City:

Customer Contact and Phone #:

Customers Purchase Order #/LMR Invoice #:

Motor/VFD Brand:

Motor/VFD Model #:

Motor/VFD Serial #:

When was Motor/VFD Purchased:

Install Date of Motor/VFD:

Failure Date of Motor/VFD:

Previous Job #:

Complaint/Reason of Failure:

Notes: