



Reliability Driven

MCI LABOR RATE APPLICATION

CUSTOMER CONTACT INFORMATION		
COMPANY NAME: _____		
CONTACT NAME: _____		TITLE: _____
(PLEASE PRINT) FIRST LAST		(PLEASE PRINT)
COMPANY ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
MCI PARTS ACCOUNT# (REQUIRED)	PHONE #: ()	
FAX NUMBER:	ALTERNATE PHONE #: ()	
EMAIL ADDRESS:	MCI FLEET SUPPORT MANAGER:	
ALTERNATE EMAIL ADDRESS:	<input type="checkbox"/> YES! REQUEST ACCESS TO (CCS) CUSTOMER CARE SYSTEM	
REQUEST FOR LABOR RATE INCREASE		
PLEASE SUPPLY THE CURRENT BASE RATE PAID TO TOP MECHANIC FOR WARRANTY REPAIRS, EXCLUDING ANY FRINGE BENEFITS AND OVER HEAD COST. MULTIPLY BY 125% USING THE EXAMPLE BELOW TO CALCULATE YOUR WARRANTY REIMBURSEMENT RATE:		
<p>Example: Top mechanic's</p> <p style="margin-left: 150px;">rate: \$20.00</p> <p style="margin-left: 100px;">Times 125%: x 1.25</p> <p style="margin-left: 100px;">Warranty labor rate: <u>\$25.00</u></p>		
CURRENT BASE RATE: \$ _____		WARRANTY RATE: \$ _____
CURRENCY TYPE:	REQUEST DATE __/__/__	
<input type="checkbox"/> U.S. <input type="checkbox"/> CANADIAN		
COMMENTS:		
FULL NAME: _____		TITLE: _____
(PLEASE PRINT) FIRST LAST		(PLEASE PRINT)
AUTHORIZED SIGNATURE: _____		DATE: __/__/__
MCI WARRANTY APPROVAL: _____		DATE: __/__/__
PLEASE NOTE: WARRANTY REIMBURSEMENT WILL NOT BE PROCESSED WITHOUT COMPLETED FORM AND ALL REQUESTED INFORMATION SUPPLIED TO MCI AS PER PAGE 2 OF YOUR MCI OWNERS LIMITED WARRANTY MANUAL. IF YOU HAVE ANY QUESTIONS CONTACT WARRANTY AT 1-800-241-2947.		

FAX TO: 800-360-8886

MAILING ADDRESS:

MOTOR COACH INDUSTRIES ATTN: WARRANTY DEPT.

7001 UNIVERSAL COACH DRIVE

LOUISVILLE, KY 40258

USA