



Reliability Driven™

# MCI LABOR RATE APPLICATION

<b>CUSTOMER CONTACT INFORMATION</b>			
<b>COMPANY NAME:</b>			
<b>CONTACT NAME:</b> (PLEASE PRINT)		<b>TITLE:</b> (PLEASE PRINT)	
FIRST		LAST	
<b>COMPANY ADDRESS:</b>			
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>
<b>MCI PARTS ACCOUNT#</b> (REQUIRED)		<b>PHONE #:</b>	
<b>FAX NUMBER:</b>		<b>ALTERNATE PHONE #:</b>	
<b>EMAIL ADDRESS:</b>		<b>MCI FLEET SUPPORT MANAGER:</b>	
<b>ALTERNATE EMAIL ADDRESS:</b>		<input type="checkbox"/> YES! REQUEST ACCESS TO (CCS) CUSTOMER CARE SYSTEM	
<b>REQUEST FOR LABOR RATE INCREASE</b>			
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:			
<b>Example: Top mechanic's rate: \$30.00</b> <b>Times 125%: x 1.25</b> <b>Warranty labor rate: \$37.50</b>			
<b>CURRENT BASE RATE: \$</b>		<b>WARRANTY RATE: \$</b>	
<b>CURRENCY TYPE:</b>		<b>REQUEST DATE:</b>	
<input type="checkbox"/> U.S.		<input type="checkbox"/> CANADIAN	
<b>COMMENTS:</b>			
<b>FULL NAME:</b> (PLEASE PRINT)		<b>TITLE:</b> (PLEASE PRINT)	
FIRST		LAST	
<b>AUTHORIZED SIGNATURE:</b> _____		<b>DATE:</b>	
<b>MCI WARRANTY APPROVAL:</b> _____		<b>DATE:</b>	
<i>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.</i>			

FAX TO: 800-360-8886

MAILING ADDRESS:

MOTOR COACH INDUSTRIES ATTN: WARRANTY DEPT.  
7001 UNIVERSAL COACH DRIVE  
LOUISVILLE, KENTUCKY 40258  
USA