MOTOR CITY
— HARNESS MEDICS —
EV & AUTOMOTIVE HARNESS SPECIALISTS

CUSTOMER REPAIR REQUEST & SERVICE AUTHORIZATION

NATIONWIDE MAIL-IN WIRE HARNESS REPAIR & ELECTRICAL DIAGNOSTICS

FORM ID:	MCHM-FRM-001
REVISION:	A
EFFECTIVE DATE:	05/20/2026

PHONE: 888-814-7917 | **EMAIL:** tech@motorcityharnessmedics.com | **WEBSITE:** www.motorcityharnessmedics.com

DATE SUBMITTED: _____ **REQUEST TYPE:** ☐ New Request ☐ Additional Info **REQUEST REFERENCE #:** _____

PURPOSE: *This form collects the information needed to evaluate your equipment, perform diagnostics or repairs, and provide a repair estimate.* **SIGNATURE REQUIRED:** ☑ YES

1. CUSTOMER INFORMATION

Contact Name: _____

Company (if applicable): _____

Email Address: _____

Phone Number: _____

Alternate Phone: _____

Mailing Address (Optional): _____

_____

City: _____ **State:** _____ **Zip:** _____

Country: _____

2. EQUIPMENT / APPLICATION INFORMATION

Industry / Application: _____

Equipment Type / Make: _____

Model: _____

Serial Number: _____

Year of Manufacture: _____

Equipment Used For:

☐ Automotive ☐ EV ☐ Industrial ☐ Robotics

☐ Laboratory ☐ Marine ☐ Aerospace ☐ Medical Equipment

☐ Other: _____

3. HARNESS / PART INFORMATION

Harness / Part Number: _____

OEM Number (if known): _____

Revision / Version: _____

Description: _____

_____

_____

Quantity: _____ **Unit of Measure:** _____

Photos Attached: ☐ Yes ☐ No **Number of Photos:** _____

4. PROBLEM / SYMPTOMS

Detailed Description of Issue / Failure:

_____

_____

_____

Symptoms / Error Codes (if any):

_____

When Did the Issue First Occur?: _____

Is the Issue Intermittent? ☐ Yes ☐ No **If Yes, How Often?:** _____

Was the Harness Modified or Repaired Previously? ☐ Yes ☐ No

If Yes, Please Explain: _____

5. REQUESTED SERVICE

☐ Diagnostic / Evaluation
☐ Harness Repair
☐ Connector / Terminal Repair
☐ Rework / Rebuild
☐ Circuit Testing
☐ CAN Bus / Network Diagnostics
☐ Wire Harness Inspection
☐ High Voltage Inspection
☐ OEM Connector Identification
☐ Reverse Engineering Support
☐ Custom Harness Fabrication
☐ Other: _____

Additional Notes / Special Instructions: _____

_____

_____

6. SHIPPING INFORMATION

Will you be shipping the item to us? ☐ Yes ☐ No

Estimated Shipment Date: _____

If Yes, Carrier: _____ **Tracking #:** _____

Preferred Return Ship Method: _____

Do you have special shipping instructions or requirements? ☐ Yes ☐ No

If Yes, Please Explain: _____

☐ **I have read and agree to the Shipping Instructions.**

7. CUSTOMER AUTHORIZATION

By signing below, I authorize Motor City Harness Medics to inspect the submitted equipment and prepare a repair estimate.
I understand that **NO REPAIR WORK WILL BEGIN UNTIL I APPROVE THE WRITTEN QUOTATION.**
I certify that I am authorized to submit this equipment for service and agree to the Terms & Conditions available at **motorcityharnessmedics.com.**

Customer Signature: _____ **Date:** _____

Printed Name: _____ **Title / Position:** _____