



Fill out completely & e-mail to \_\_\_\_\_ or fax to \_\_\_\_\_.

# Warranty Parts Return Form

Please fill out completely. All fields mandatory.

In order to receive credit for the defective part you must enter all the information below & attach a copy of your original service ticket with model & serial listed. **Your must return this form with the defective part within 30 days.**

*\*\*Credit will not be issued if a copy of the service ticket is not attached or any of the information below is missing.*

**Service Company #:**

Address, City, State & Zip

Name:

Phone & Fax:

Contact E-Mail:

**Home Owner**

Address, City, State & Zip

Name:

Phone #:

**Outdoor Unit**

**Indoor Coil**

Model #:

Model #:

Serial #:

Serial #:

**Air Handler / Furnance**

Model #:

Serial #:

Failed Part #:

Replacement Part #:

Failed Part Serial #:  
(if applicable)

Replacement Part  
Serial# (if applicable)

Date Unit Installed:

Date Part Failed:

TECHNICAL Reason Part Failed:

Labor: Y/N?

ESA Contract #:

Hours:

Freon Used (lbs):

**For Internal Use Only:**

Sales Order:

Debit/Claim:

Submitted: