



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:

Product User

Address, City, State & Zip

Name:

Phone #:

Commercial

Residential

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: