

## Service Credit Application Warranty Claim Form

Claim # _____ <i>(Internal Use)</i>
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Dealer/Serviceing Contractor Information				
Dealer / Your Company Name: _____				
Unit Information				
<b>Model #</b> _____		<b>Serial #</b> _____		
Equipment Install Date: ____/____/____		Fail Date: ____/____/20____	Repair Date: ____/____/20____	
Warranty Claim / Application Type				
<input type="checkbox"/> <b>Residential Equipment</b> (End User)		<input type="checkbox"/> <b>Commercial Equipment</b> (Business Entity/Gov.)		
<input type="checkbox"/> <b>Owner Occupied Residential</b> ( <i>home, primary residence, new const.</i> ) <input type="checkbox"/> <b>Other Residential Application</b> ( <i>rental property, apartment</i> )		<input type="checkbox"/> Standard Warranty* (1-yr. parts/5-yr. compressor/see wty. certificate) <input type="checkbox"/> Service Parts (new part failure/less than <u>1</u> year) (*Includes residential equipment installed in a commercial setting)		
<input type="checkbox"/> Standard Warranty (5-yr. parts/Ht. Ex./see wty. certificate) <input type="checkbox"/> Extended (10-year parts, valid online registration required) <input type="checkbox"/> Service Parts (new part failure/less than <u>1</u> or 2 years) <input type="checkbox"/> Unit Exchange <input type="checkbox"/> Tool Warranty <input type="checkbox"/> Service Bulletin: <i>SMB</i> # _____		<b>Claims Requiring Review:</b> <input type="checkbox"/> Optional Warranty Contract # _____ <input type="checkbox"/> Preauthorization: # _____ ( <i>Service Manager Approval</i> ) <input type="checkbox"/> Compressor Core/Salvage Value \$ _____ <input type="checkbox"/> DOA ("dead on arrival")		
Equipment Owner Information				
(Commercial) Equipment Owner Company Name: _____				Original Equipment (1 <sup>st</sup> ) Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No
(Residential) First Name: _____			Last Name: _____	
Physical Address: _____				
City: _____			State: _____	Zip: _____
Phone #: (        )        -		Email: _____		
Part Information				
Manufacturer Part Number # <small>(Cosmetic parts, belts, filters, and freight are excluded)</small>	Qty.	Sales Order/Invoice #	Part SN (if applicable)	Install Date
#1 Failed: _____ Replaced: _____				
#2 Failed: _____ Replaced: _____				
#3 Failed: _____ Replaced: _____				
#4 Failed: _____ Replaced: _____				
Other Components Changed: <input type="checkbox"/> Capacitor <input type="checkbox"/> Filter Drier <input type="checkbox"/> Contactor ( <i>Please use OEM parts to preserve the equipment warranty</i> )				
Unit Replacement				
<b>Replacement Unit Model #</b> _____			<b>Replacement Serial #</b> _____	
Quality Information				
<b>Install Location:</b> <input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Carport/Garage <input type="checkbox"/> Crawl Space <input type="checkbox"/> Closet <input type="checkbox"/> Outdoors <input type="checkbox"/> Rooftop				
<b>Gas Furnace Fuel:</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane			<b>Furnace Orientation:</b> <input type="checkbox"/> Downflow <input type="checkbox"/> Horizontal <input type="checkbox"/> Upflow	
<b>Labor:</b> _____ # of hrs. _____ lbs. of Ref. \$ _____ labor rate/hr. ( <i>Claiming labor is case dependent, requires review</i> )				
<b>Service Performed Diagnosis:</b> ( <i>Describe cause of failure</i> )				
** Why was the service call made? What was found to be wrong? What was done to repair unit or correct problem? **				

All warranty claims are subject to manufacturer approval.

Completed application must be submitted within 30 days of repair.

X \_\_\_\_\_  
Service Provider Signature                      (Please Print Name)

\_\_\_\_\_  
Date

