

Warranty Claim Form (Application must be submitted to your Distributor within 30 days of repair)

Dealer Information (Contractor/HVAC Company)					
CE Dealer Account #			Distributor #		
Dealer Account Name:					
Customer Information (End-user/Equipment Owner/Homeowner)					
First Name:			Last Name:		
Street:			City:		
State:			Zip:		
Warranty Type					
Stock Unit <input type="checkbox"/>		Standard <input type="checkbox"/>		Bulletin <input type="checkbox"/>	
Competitive Equip. <input type="checkbox"/>		Preauthorization <input type="checkbox"/>		Unit Exchange <input type="checkbox"/>	
Service Parts <input type="checkbox"/>					
Opt. Contract (<i>Parts Only</i>) <input type="checkbox"/>					
Application Type					
Owner Occupied Residential <input type="checkbox"/>		Other Residential Application <input type="checkbox"/>		Commercial <input type="checkbox"/>	
Installing Homeowner Yes <input type="checkbox"/> No <input type="checkbox"/>					
Unit Information					
Model #			Serial #		
Equipment Install Date:		Failed Date:		Repair Date:	
Optional Contract # (<i>Parts Only</i>)			Bulletin/Authorization #		
Causal Part	Carrier Part Number (Not Vendor #)	Qty	Order/Invoice #	Part SN (if applicable)	Install Date
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
Quality Information					
DOA Labor Repair Type (<i>Labor Allowance is based on the selection of a Labor Repair Type</i>)					
Causal Code (refer Instruction sheet):					
Diagnosis/Service Performed:					
Additional Comments:					
Date:					
Service Providers Printed Name:					
Service Providers Phone Number & Email Address:					