

Warranty Claim

Warranty Claim									
		Month	Day	Year	Distributor Name				
Date Of Installation									
Date Of Service					Customer Name				
Model Number				Contact Name					
Serial Number				Purchase Date					
Contractor Name/ Lic #				Invoice Number #					
		Customer Address							
Address									
		City		State		Zip code			
City		State		Zip Code					
						Phone			
Phone						Fax			
Fax						Email			
Email									
Service Performed									
Diagnosis (in DETAIL, "not working" is not a professional diagnosis.)									
Installation Data									
Distance Indoor unit is from Outdoor unit in FT									
Vertical pipe rise in FT									
Horizontal pipe rise in FT									
Indoor temp		Supply air temp		Outdoor temp					
Leaving cond unit temp									
Electrical data									
Line voltage outdoor unit				Amp draw outdoor unit					
Line voltage indoor unit				Amp draw indoor unit					
Refrigerant operating pressures psig									
Suction pressure cooling mode						Discharge pressure heating mode			
Notes:									
I HEREBY CERTIFY THAT THE SERVICE SHOWN HAS BEEN PERFORMED									
SERVICE TECHNICIAN NAME _____									
SERVICE TECHNICIAN SIGNATURE _____					DATE _____				
OWNER SIGNATURE _____					DATE _____				