

WARRANTY CLAIM

N.

DATE OF INSTALLATION	MONTH	DAY	YEAR
DATE OF SERVICE			
MODEL			
SERIAL NUMBER			
SERVICE CONTRACTOR NAME			
CONTRACTOR LIC. NUMBER			
ADDRESS			
CITY	STATE	ZIP	
PHONE			
FAX			
EMAIL			

DISTRIBUTOR NAME			
CUSTOMER			
CONTACT NAME			
DATE OF PURCHASE	MONTH	DAY	YEAR
INVOICE NUMBER			
ADDRESS			
CITY	STATE	ZIP	
PHONE			
FAX			
EMAIL			

SERVICE PERFORMED**REASON OF FAILURE****PARTS AND MATERIAL**

PART NUMBER	SERIAL	PART NAME AND DESCRIPTION	QTY

DESCRIPTION OF INSTALLATION DATA**LOCATION OF THE CONDENSING UNIT IN RELATION TO THE INDOOR UNIT (DESCRIBE)**

LENGTH OF TOTAL PIPING _____ (FT) VERTICAL RISE _____ (FT) HORIZONTAL RUN _____ (FT)

TEMPERATURE FAHRENHEIT DEGREES

INDOOR RETURN AIR _____ INDOOR SUPPLY AIR _____ OUTDOOR AMBIENT _____

LEAVING CONDENSING COIL _____

ELECTRICAL

LINE VOLTAGE (VOLTS) _____ CONTROL VOLTAGE _____

ELECTRICAL CONSUMPTION (AMP) TOTAL _____ INDOOR _____ OUTDOOR _____

PRESSURE PSIG _____ SUCTION (LOW SIDE) _____ LIQUID (HIGH SIDE) _____

I HEREBY CERTIFY THE SERVICE SHOWN HAS BEEN PERFORMED

SERVICE TECHNICIAN SIGNATURE _____

DATE _____

SERVICE TECHNICIAN NAME _____

OWNER SIGNATURE _____

DATE _____