



# Plumb Supply

COMPANY

## Warranty Claim Worksheet

Date:	_____
Staff:	_____

This form must be completed and returned with defective part to receive credit. If credit is due; it will be issued to your account after our vendor has reviewed all information. If a labor allowance is allowed, an original labor bill must accompany this form. (copies of labor bills are unacceptable) All warranties will be billed upon pickup and credited following factory approval.

Service Company:

Street Address:

City:

State:

Zip Code:

Phone #:

Home Owner (First Name):

(Last Name)

Street Address:

City:

State:

Zip Code:

Phone #:

Replacement Data

**All fields must be filled out completely or warranty is subject to denial**

Old Part#:

Part Description:

New Part#:

Part Description:

Indoor Model#:

Indoor Serial #:

Outdoor Model#:

Outdoor Serial #:

Compressor Model #:

Old Comp Serial#:

New Compressor Model#:

New Comp Serial #:

Installation Date:

Fail Date:

Correction Date :

Replacement Coil Serial # if applicable

Has Unit Had a Prior Warranty?

**Actual Description of Failure:**

Office Use

Credit #:

VR#:

Vendor Claim #: