



WARRANTY CLAIM FORM



Date Received:	Date Authorized:	Date Processed:	Date Shipped:
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CUSTOMER INFORMATION

Installation Company _____ Service Co. Inv. # _____

Address _____

Company Contact _____ Service Telephone # (____) _____

Installed by: Licensed HVAC Contractor Licensed Electrician

Customer Name _____ Phone # (____) _____

Email _____ Phone #2 (____) _____

Address _____

City _____ State _____ Zip _____

EQUIPMENT INFORMATION

Product Indoor Model # _____ Date of Installation _____

Product Serial # _____ Date of Failure _____

Product Outdoor Model # _____

Product Serial # _____ Date of Failure _____

PURCHASED FROM

Company Name _____ Phone # (____) _____

REPAIR/PROBLEM SUMMARY

Include details of where refrigerant leaks were located items that might have been adjusted and what caused the problem: _____

Find part numbers and descriptions at www.coolairint.com. Click on your model number and then click on the parts tab at the bottom of the page. Schematics, parts, documents and prices available online.

Part Numbers	Part Description	Qty.	Compressor Serial #

LABOR CLAIMS:

***All labor claims will be paid according to the warranty booklet under "Warranty PDF" at www.coolairint.com.

FAX Form To: (952) 888-7967