

WARRANTY CLAIM FORM

WHOLESALER/DEALER ORDER NO. _____

MODEL NO. (COMPLETE) _____ SERIAL NO. _____

DATE INSTALLED _____ (MM/DD/YY)

DATE FAILED _____ (MM/DD/YY)

CUSTOMER/HOMEOWNER NAME _____

CUSTOMER/HOMEOWNER ADDRESS _____

DATE OF ORIGINAL INSTALLATION _____ (MM/DD/YY)

PART THAT FAILED _____

REASON FAILED? _____

WHY WAS THE SERVICE CALL INITIATED? _____

SERVICE DEALER/CONTRACTOR SIGNATURE _____

SERVICE DEALER/CONTRACTOR COMPANY _____