

333 Midland Place  
Lexington, KY 40505  
Phone (859) 255-4309  
Fax: (859) 255-4310



50 Slate Branch Road  
Somerset, KY 42503  
Phone: (606) 425-4584  
Fax (606) 425-4613

## Warranty Form

**\*VENDORS REQUIRE THAT ALL DEFECTIVE PARTS BE RETURNED & WARRANTY FORM COMPLETED IN FULL WITHIN 30 DAYS OF FAILURE DATE TO PROCESS THE CLAIM\***

Dealer Name: \_\_\_\_\_ Dealer Contact: \_\_\_\_\_

### Home Owner Information

Homeowner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### Unit Information

Date Installed: \_\_\_\_\_ Date Failed: \_\_\_\_\_  
Indoor Model #: \_\_\_\_\_ Indoor Serial #: \_\_\_\_\_  
Outdoor Model #: \_\_\_\_\_ Outdoor Serial #: \_\_\_\_\_

### Part Details

Old Part#: \_\_\_\_\_ New Part #: \_\_\_\_\_ Failure Reason: \_\_\_\_\_  
Old Part#: \_\_\_\_\_ New Part#: \_\_\_\_\_ Failure Reason: \_\_\_\_\_  
Old Part#: \_\_\_\_\_ New Part#: \_\_\_\_\_ Failure Reason: \_\_\_\_\_

**For Compressor, Coils and Units please fill out information below**

Defective Compressor, Coil or Unit Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_  
New Compressor, Coil or Unit Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

**In order to receive credit from our vendors please make sure compressor lines are welded closed, emptied of all contents and coils have the leak area circled. All defective compressors and coils must be returned in the replacement part's box in order to process the warranty claim.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Use Only

RMA # _____
Vendor Claim # _____ Date _____
Vendor Credit # _____ Date _____