COAIRE

WARRANTY CLAIM FORM

6 Pine Hill Drive
Carlisle, PA 17013
Ph: 717-243-2535

Submitted: _____ Date

FAX # 717-243-7270

(Must be filled out COMPLETELY and LEGIBLY)

PLEASE CHECK APPLICATION

( ) **CREDIT** ( ) **REPLACEMENT**

PROOF OF PURCHASE ORDER # ( )

CLAIM MUST BE FILED WITHIN 30 DAYS FROM DATE OF SERVICE

DISTRIBUTOR

Company _____ Phone #: _____
Street _____ Fax: _____
City _____ Date: _____
State, Zip Claim Review By:

Ship Replacement Parts to:
Company _____ Phone #: _____
Street _____ Fax: _____
City _____
State, Zip

End User Unformation
Customer's name: _____
Address _____
City _____
State, Zip _____
Phone: _____

Servicer
Company's name: _____
Address _____
City _____
State, Zip _____
Phone: _____

****Equipment****
***INDOOR**
MODEL:# _____

***OUTDOOR**
MODEL # _____

****Serial Number****
_____
_____

***Installation Date:** _____ Date Service Completed: _____

Explanation of Failure
_____
_____

Use other side if necessary

*Was problem caused by freight damage? ( ) Yes ( ) No

***Did you file a freight claim?** ( ) Yes ( ) No

I certify I have properly services this system.

_____
Servicer Signature

Parts Information

Part Number	Description	Qty
1.	*	*
2.	*	*
3.	*	*

Handling Request for Returned Part

If purchased through a distributor, return claim form & part to distributor.

Approved By: _____ Date: _____

Coaire Air Conditioning