Warranty Claim

Warranty Claim								
	Month	Day	Year	Distributor Name				
Date Of Installation								
Date Of Service				Customer Name				
Model Number				Contact Name				
Serial Number				Purchase Date				
Contractor Name/ Lic #				Invoice Number #				
				Customer Address				
Address								
				City		State	Zip code	
City		State	Zip Code					
				Phone				
Phone				Fax				
Fax				Email				
Email								

Service Performed

Diagnosis (in DETAIL, "not working" is not a professional diagnosis.)

Installation Data							
Distance Indoor unit is from Outdoor unit in FT							
Vertical pipe rise in FT							
Horizontal pipe rise in FT							
Indoor temp		Supply air temp		Outdoor temp			
Leaving cond unit temp							

Electrical data						
Line voltage outdoor unit			Amp draw outdoor unit			
Line voltage indoor unit			Amp draw indoor unit			

Refrigerant operating pressures psig				
Suction pressure cooling mode		Discharge pressure heating mode		
Notes:				

I HEREBY CERTIFY THAT THE SERVICE SHOWN HAS BEEN PERFORMED
SERVICE TECHNICIAN NAME _____
SERVICE TECHNICIAN SIGNITURE _____ DATE _____
OWNER SIGNITURE _____ DATE _____