

Application must be submitted to your
Distributor within 30 days of repair date

Service Credit Application

Warranty Claim Form

Customer #		— Distributor #			
Dealer Name:					
Customer Information					
First Name			Last Name		
Street					
City				State	Zip
Phone #			Email address:		
Warranty Type					
<input type="checkbox"/> Stock Unit	<input type="checkbox"/> Standard	<input type="checkbox"/> Bulletin	<input type="checkbox"/> Service Parts		
<input type="checkbox"/> Competitive Equipment	<input type="checkbox"/> Preauthorization	<input type="checkbox"/> Unit Exchange	<input type="checkbox"/> Opt. Contract (<i>parts only</i>)		
Application Type					
<input type="checkbox"/> Owner Occupied Residential	<input type="checkbox"/> Other Residential Application	<input type="checkbox"/> Commercial	Installing Homeowner: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unit Information					
Model #			Serial #		
Install Date		Failed Date		Repair Date	
Optional Contract Number (Parts Only)			Bulletin / Authorization #		
Causal Part	Carrier Part Number (not vendor #)	Qty	Order/Invoice #	Part SN (if applicable)	Install Date
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
Quality Information					
Model Location: <input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Carport/Garage <input type="checkbox"/> Crawl Space <input type="checkbox"/> Closet <input type="checkbox"/> Outdoors <input type="checkbox"/> Rooftop					
Gas Furnace Fuel: <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas			Furnace Orientation: <input type="checkbox"/> Downflow <input type="checkbox"/> Horizontal <input type="checkbox"/> Upflow		
DOA Labor Repair Type (Labor Allowance is based on the selection of a Labor Repair Type, Refer to table on front of Instruction sheet):					
Causal Code (refer to back of instruction sheet):					
Service Performed:					
Sales Force #					
New Comment:					

Service Provider Signature

Date