

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

## Service Credit Application Warranty Claim Form

Customer #		— Distributor #	
Dealer Name:			
<b>Customer Information</b>			
First Name		Last Name	
Street			
City		State	Zip
Phone #		Email address:	
<b>Warranty Type</b>			
<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>
<b>Application Type</b>			
<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
<b>Unit Information</b>			
Model #		Serial #	
Install Date	Failed Date	Repair Date	
Optional Contract Number (Parts Only)		Bulletin / Authorization #	
<b>Causal Part</b>	<b>Carrier Part Number (not vendor #)</b>	<b>Qty</b>	<b>Order/Invoice #</b>
	<b>Part SN (if applicable)</b>	<b>Install Date</b>	
<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:		
<b>Quality Information</b>			
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:			
New Comment:			

Service Provider Signature \_\_\_\_\_

Date \_\_\_\_\_