



ColdRite Refrigeration and Manufacturing, Inc.

407 W. Gardena Blvd.

Gardena, CA 90248

STEPS FOR SUBMITTING A WARRANTY CLAIM:

1. Fill out a warranty claim form. Refer to pages #2-6.
(You only need to fill out the sections applicable to you, so please read carefully.)
2. Submit all required paperwork via email to **claims@coldritewalkins.com**.
(This includes the warranty claim form, proof of damage, model number, serial number, and any pictures.)
If you would like to ask for reimbursement for any replacement parts purchased locally, then you will need to provide a copy of the original invoice(s) from the part supplier and receipt(s). You also will need to provide an invoice from your company, asking for reimbursement.
Note: We only reimburse the cost of physical part(s) paid. No additional labor or shipping/travel costs.
3. Allow for our warranty department to review your request, assign a warranty claim number, and confirm if the item will need to be returned.
(You should expect a response within 1-2 business days.)
If you do not receive a response within 2 days, then please call the office - (310) 604-1111. You will need to provide the model and serial number of the defective item upon your call.
4. Return the defective item if needed.
(Our warranty department will provide you with an RMA slip and shipping label. The RMA slip must be included inside the package.)
** The item must be returned immediately to prevent any delays in the warranty claim process.
5. If you would like to receive a new replacement unit/part in advance, then you need to provide your credit card information for security deposit until you return and we receive the defective unit/part. Refer to page #7.
**Note: Your credit card will be charged the amount of the unit/part, if we do not receive the defective unit/part shipment within 15 days from the date that you received the replacement part/unit shipment. Part assemblies must be complete or credit may be denied.
6. Allow for our warranty department to accept/deny your reimbursement request. This can take up to 30 business days, prior to submitting your claim.
**Note: If a reimbursement is issued, then a physical check will be mailed out to the address provided on your company invoice.

IF THIS IS AN EMERGENCY, THEN PLEASE TAKE CARE OF THE ISSUE IMMEDIATELY. DO NOT HOLD OFF UNTIL THE WARRANTY CLAIM IS REVIEWED, AS IT WILL CAUSE POTENTIAL DELAYS AND POTENTIAL LOSSES TO THE PRODUCT STORED IN THE WALK-IN BOX.



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WARRANTY CLAIM FORM:

This form must be filled out as much as possible, to avoid any delays in the process.

Submitted By: (Company requesting for warranty coverage.)

Name: _____

Company: _____

Phone: _____

Technician's Information: (If submitted by a Refrigeration or HVAC Technician.)

Name: _____

License Number: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Date of Service: _____

Jobsite Information:



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Business Name: _____

Address: _____

Site Contact Name: _____

Site Contact Phone: _____

Site Contact Email: _____

Hours/Days of Operation: _____

Coldrite Job Number/Customer PO Number: _____

Type of Product Stored In Walk-In Box: _____

Shipping Information: (If different from the jobsite location or "Submitted By".)

Business Name: _____

Address: _____

Site Contact: _____

Site Contact Phone: _____

Site Contact Email: _____

Hours/Days of Operation: _____

Coldrite Job Number/Customer PO Number: _____

****Site Contact/Operation Information must be filled out if service is required.****

Description of Issue: (Be very detailed. Saying "part failed or bad" is not acceptable.)



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****1) Explain part of failure in detail or describe how the part is malfunctioning. 2) Explain the event/
how it was damaged. ****

Description: _____

Installation:

Date Equipment Installed: _____

Equipment Information: (Only fill out the section that is applicable to the issue.)

● **Refrigeration:**

-Model Number of Unit Requiring Service: _____

-Serial Number of Unit Requiring Service: _____

*****If submitting warranty for a compressor, then please fill out the section below. *****



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-Compressor Model Number: _____

-Compressor Serial Number: _____

****Please include pictures of the model number and serial number tags.****

● **Glass Doors:**

-Number of Glass Doors Requiring Service: _____

-Work Order/Tag Number: _____

****Please include pictures of the work order tags.****

● **Panels:**

-Number of Panels Damaged: _____

-Panel Number/Tag (If Known): _____

-Panel Size: _____

-Type of Panel (Ceiling, Wall, Floor): _____

****Please include pictures of the damaged panels.****

● **Swing Doors/Sliding Doors:**

-Number of Doors Requiring Service: _____

-Type of Door (Cooler or Freezer): _____

-Hardware Damaged: _____



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-Door Model Number/Tag: _____

****Please include pictures of the damaged parts/door.****

You've reached the end of the warranty claim form!

You should expect a response within 1-2 business days of your request. If you do not receive a response within 2 days from the above date, then please call the office - (310) 604-1111 to request the status of your appeal. Please have the model and serial number of the item when you call.

Please sign off on this form, confirming that all the information listed on this warranty claim is correct or to the best of your knowledge.

Signature: _____

Date: _____

OFFICE USE ONLY:

Warranty Claim Number: _____

Accepted ☐ or Declined ☐

Reason (If Declined): _____

Date: _____



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CREDIT CARD AUTHORIZATION FORM (WARRANTY CLAIM)

Sign and complete this form to authorize Coldrite Refrigeration and Manufacturing Inc. to make a debit to your credit card listed below.

Please complete the information below:

Authorization:

I, _____ authorize Coldrite Refrigeration and Manufacturing Inc. to charge
(Full Name)
my credit card account below for Warranty Claim # _____. I understand that the payment will be processed if I do not return the defective units/parts within 15 days from the date that I received the replacement unit/part shipment. I will not dispute this charge in the future.

Credit Card Information:

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

CVV Code: _____

Billing Information:

Address: _____

City, State, Zip Code: _____

Phone #: _____

Email: _____

Signature: _____ Date: _____