



HAC SUPPLY WARRANTY FORM

Brand _____ Reference # _____

The following must be completed in order to receive credit for materials.
Any missing fields will result in materials being returned without credit.

Servicing Contractor _____

Contractors Address _____

Contractors Phone Number _____

Defective Unit Model # _____ Defective Unit Serial # _____

Date Installed _____ Date of Failure _____

Reason For Failure _____

- Be as specific as possible; "defective" is meaningless.

Action Taken to Fix Unit _____

Homeowners Name _____

Homeowners Street Address _____

Homeowners City, State and Zip _____

Homeowners Phone Number _____

Claims with Compressors _____ Model # of Bad Compressor _____

Serial # of Bad Compressor _____ Serial # of New Compressor _____

All Claims with Evaporator Coils, Compressors and Condenser Coils

If Claim is for Evaporator Coil, need to know Outdoor Model/Serial. If Claim is for Outdoor Unit, need to know Evaporator Model/Serial.

Brand of Indoor/Outdoor Unit _____

Model # _____ Serial # _____

For HAC Use:

Quantity	Part Number	Cost	Extended Total

Grand Total

Sales Order #	Warranty Form Completed	Yes	No
Invoice #	Parts Returned	Yes	No N/A
Credit Memo #	Date Parts returned		
Purchased Inv.#	Processing Fee Charged	Yes	No N/A
	HAC Representative Accepting Form/Parts		

Your account will be credited upon approval from the manufacturer

Please keep a copy of this form as proof of return