



Warranty Claim Form

Job # _____



COMPLETE DATA IS REQUIRED TO PROCESS CLAIM

Person Requesting Assistance	
Company Requesting Assistance	
Requesting Company Address	
Requesting Company Phone Number	
Requesting Company Email Address	
Product Model Number	
Product Serial Number	
Nature of Problem	

*If a service call is, or was, required complete **Section 1**, if a parts warranty claim skip to **Section 2**.*

SECTION 1 - SHIP PARTS TO:

Company and Address	
City, State, Zip	
Point of Contact Phone Number	
Alternate Contact Phone Number	
Site Requirements	

SECTION 2 - WARRANTY PARTS REQUIRED

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Click the **Submit Claim Form** button or email to: servicewarranty@airxcel.com