

# Scotsman

## Warranty Claim Form

Distributor Reference Number

Date \_\_\_\_\_ Completed By \_\_\_\_\_

Date Received	Date Authorized	Authorized by	Date Processed
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### Customer Information

Service Co. \_\_\_\_\_ Service Co. Inv. # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Customer Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Debit Number \_\_\_\_\_  
 Distributor Name \_\_\_\_\_ City \_\_\_\_\_ Distributor I.D. No. \_\_\_\_\_

### Machine Information

Product Model # \_\_\_\_\_ Date of Installation \_\_\_\_\_  
 Product Serial # \_\_\_\_\_ Date of Failure \_\_\_\_\_  
 \*Companion Product Make & Model # \_\_\_\_\_ Serial # \_\_\_\_\_  
 \*\*Remote Condenser Model # \_\_\_\_\_ Serial # \_\_\_\_\_  
 Installed by (if known): Mechanical Contractor, Plumber, Electrician, Servicing Co., or Other \_\_\_\_\_  
 One of Two Machines Stacked? Y or N. If yes, was the unit serviced the TOP or BOTTOM unit?  
 Water Filter used? Y N. User's reason for the service call: \_\_\_\_\_

### Repairs Done

Include details of where refrigerant or water leaks were, items that might have been adjusted and what caused the problem. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Product Type (check one) Commercial Product \_\_\_\_\_ Consumer Product \_\_\_\_\_

If this is a claim for replacement parts, list the date the part was purchased: \_\_\_\_\_

Part Numbers	Part Name	Quantity	Description of Failure	Code

Labor Claims: All Products: Labor (hrs) \_\_\_\_\_ (Commercial from Rate Book, Consumer list actual time)  
 Consumer Product Only: Labor Charge (\$) \_\_\_\_\_

Compressor Only - Attach Top Copy of Compressor Tag

Exchange Type	Old Compressor Serial No.	New Compressor Serial Number	Code
Field Exchange (Attach Invoice)			
Factory Exchange			