

Return Wholesaler _____

DATE

Extended Warranty (If checked, attach copy of your Bill of Sale & provide No.) _____

Hdlg. Allowance (OEM replacements only)

INOPERATIVE COMPRESSOR / UNIT

Model No. _____ B/M _____ Serial No. _____ Mfg. Date _____
Installation Date _____ / _____ / _____ Date Failed _____ / _____ / _____
Month Day Year Month Day Year

REPLACEMENT COMPRESSOR / UNIT

Model No. _____ B/M _____ Serial No. _____ Mfg. Date _____
Installation Date _____ / _____ / _____ Date Failed _____ / _____ / _____
Month Day Year Month Day Year

EQUIPMENT / APPLICATION

Name of Equipment Mfgr. _____ Application _____
Manufacturers Unit Model No. _____ Serial No. _____
Date of Original Equipment Installation _____ / _____ / _____ Type of Refrigerant _____
Month Day Year

How many compressors have failed on this equipment? _____

CAUSE OF FAILURE (CHECK ONE OR MORE)

Noise

- At start up
- Running - steady
- Running-intmit
- At shut down
- Excessive

No Start

- Motor grounded
- Motor open
- Start relay
- Module (mtr prtr)
- Module Trip (dmnd clg)
- Voltage at Compressor

Leak

Air Conditioning

- Suct. tube
- Disch tube
- Process tube
- Heater cut
- Other _____

Refrigeration

- Sight glass
- Suct. svce. valve
- Disch svce. valve
- Other _____

Equipment

Air Conditioning

- A/C HP Split
- A/C HP Pg.
- Remote condensor
- RAC
- RV

Refrigeration

- Parallel
- Single
- Booster
- Reach In
- Coord. unit
- Walk In
- Other _____

Low Capacity (Describe symptoms) _____

Other (Please Describe) _____

Why was service call initiated? _____

Your Name _____

Contractor _____ Phone _____

All returns **must** be tagged. Failure to tag or supply requested information **will** result in credit delay or denial.