



Warranty Claim Form

Date Submitted: _____

Contractor Information P1 <hr/> Company Name <hr/> Contact <hr/> Street Address City State Zip <hr/> Phone # Fax # <hr/>	Unit Data P2 <hr/> Manufacturer <hr/> Model # <hr/> Serial # <hr/> Install Date Failure Date <hr/>
Homeowner Information P3 <hr/> Name <hr/> Street Address City State Zip <hr/> Phone # <hr/>	Compressor Claim Data P4 <hr/> Old Compressor Part # Old Compressor Serial # <hr/> New Compressor Part # New Compressor Serial # <hr/>
Incident Information P5 <hr/> Failed Part Description Failed Part # <hr/>	
Describe Failure: 	
90 Day Labor Allowance P6 <div style="text-align: right; font-size: small;"><i>Air-Ease Claims Only</i></div> <div style="text-align: center; font-size: small;">To Be Filled Out By Capitol Supplies</div> Air Ease Labor Allowance (Hours): _____ Hourly Rate: _____ Total: _____ Refrigerant Allowance: _____ Total Labor Claim: _____	Office Use Only P7 Capitol Supplies Ticket #: _____ Velocit-e Claim #: _____ Date Submitted to Velocit-e: _____ Filed by: _____

Return this form along with warranty parts to Capitol Supplies to file warranty claims