

ADP WARRANTY CLAIM FORM AND INSTRUCTIONS

If you are seeking credit for defective parts or coils, you must fill out an ADP Warranty Claim Form to start the claim process. For parts claims, fax the form to the warranty department at 973-228-1763. For full coil claims, mail the claim with the original tag to:

The Wallwork Group
Warranty Claims Department
9 Patton Drive
West Caldwell, NJ 07006

ADP Form Completion Instructions

The following page shows a sample ADP Warranty Processing Form with reference numbers. Each reference number contains its own instructions. Please follow the instructions below when filling out this form.

1. Put an "X" in this box if you are claiming warranty on an entire coil. Remember, an entire coil can **not** be claimed for defective expansion valves or leaking drain pans.
2. Put an "X" in this box if claiming a defective part from an ADP product.
3. Enter your company's name
4. Enter the end users name.
5. Enter the date when the equipment was originally installed.
6. Enter the date when the component or coil failed.
7. Enter the unit's complete model number.
8. Enter the unit's complete serial number.
9. List the part number for the replacement component or coil used.
10. Provide a detailed description of the failure.
11. **Enter the Wallwork order or invoice number replacement part or coil was purchased on.** Failure to do so may cause us to credit a different invoice than you are expecting. This can cause unnecessary credit and bookkeeping issues.
12. For coil leaks or restrictions, circle the area on the coil where problem occurred.
13. Original coil nameplate must be attached when claiming the entire coil.

Note: To speed up your claims and assure they are not returned to you for lack of information you must fill out the required fields listed above.



Vendor Reference #

ADP Warranty Claim Form

1 Warranty Coil (Check One) **2** Warranty Part Only

Distributor: **The Wallwork Group**

Contact: **Warranty Department**

Address: **9 Patton Drive**

Phone: **973-228-5200 ext. 155**

West Caldwell, NJ 07006

Fax: **973-228-1763**

Contractor: _____ **3**

Install Date: _____ **5**

Job Name: _____ **4**

Fail Date: _____ **6**

Unit Model #: _____ **7**

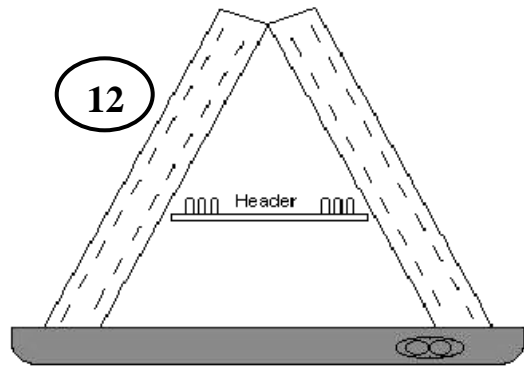
Unit Serial #: _____ **8**

Replacement Part or Coil Number: _____ **9**

Detailed description of defect: _____ **10**

Wallwork Invoice Replacement Part or Coil was Purchased on (Required) _____ **11**

If coil leaks or has restriction circle location on diagram below (note if front or rear of coil)



13
When claiming entire coil,
please affix the original coil
nameplate here

NOTES:

- 1. No full coil credit given for TXV's or drain pan's.
- 2. Replacement TXV's and drain pans are available.
- 3. Defective parts and coils can be field scrapped upon receipt of credit.

Fax parts claim forms to fax # listed above. If faxed, do not mail.

Mail coil claims to distributor listed above. We must have original tag to process warranty request.



Vendor Reference #

ADP Warranty Claim Form

Warranty Coil (Check One)

Warranty Part Only

Distributor: **The Wallwork Group**

Contact: **Warranty Department**

Address: **9 Patton Drive**

Phone: **973-228-5200 ext. 155**

West Caldwell, NJ 07006

Fax: **973-228-1763**

Contractor: _____

Install Date: _____

Job Name: _____

Fail Date: _____

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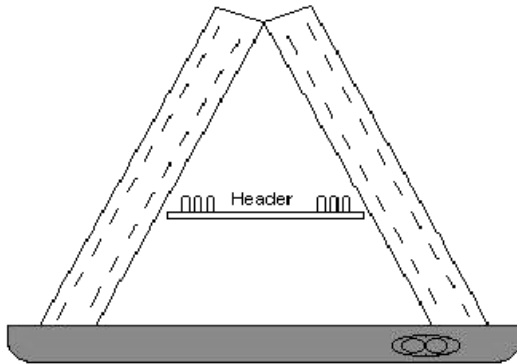
Unit Serial #: _____

Replacement Part or Coil Number: _____

Detailed description of defect: _____

Wallwork Invoice Replacement Part or Coil was Purchased on (Required) _____

If coil leaks or has restriction circle location on diagram below (note if front or rear of coil)



When claiming entire coil,
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