

Wallwork Warranty Processing Form *

* Not to be used for Trane, Daikin or Advanced Distributor Products
Must be returned with defective part. Please do not fax.

Vendor Reference #

End User Information

Service Information

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State, Zip: _____	State, Zip: _____
Phone: _____	Phone: _____

Equipment Information (Note: Not For Use With Trane, Daikin or ADP)

Manufacturer: _____	Date Code: _____
Model #: _____	Serial #: _____
Install Date: _____	Failure Date: _____

Warranty Part Information

<u>Compressors Only:</u> ____ Electrical Short ____ Ceased ____ Electrically Open ____ Won't Pump Defective Model #: _____ Defective Serial #: _____ Replacement Serial #: _____	<u>Electrical Components:</u> Control / Relay / Switch / Sensor ____ Short / Grounded / Burned ____ Erratic / Sticks ____ Open Motor / Wheel / Fan ____ Electrical Failure ____ Noisy / Out of Balance ____ Ceased
<u>Refrigeration Components:</u> ____ Coil ____ Valve ____ Leaks ____ Restricted	
Other Component (describe): _____ _____	

Replacement Part Information

Part #: _____	Replacement Part Purchased on Wallwork
Part #: _____	Invoice or Order #: _____
Part #: _____	Date Purchased: _____

Service Name (print): _____

Your Ref #: _____

Service Signature: _____

Date: _____

Please fill out the information on this form so we can submit your warranty request to the manufacturer for consideration. The manufacturer, not The Wallwork Group, makes the final determination on all claims submitted.