



**Defective Material Return Form**

Branch: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Phone #: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Failed Part #: \_\_\_\_\_

New Part #: \_\_\_\_\_

Description of Failure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unit Model #: \_\_\_\_\_

Unit Serial #: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Date of Replacement: \_\_\_\_\_

\*\*\*\*\*Compressor & Indoor Coil Replacements Only\*\*\*\*\*

Old Compressor/Coil Serial #: \_\_\_\_\_

New Compressor/Coil Serial #: \_\_\_\_\_

\*\*\*\*\*Labor Request Invoice Must Be Submitted With This Form\*\*\*\*\*

**Internal Use Only**

Acknowledgement Ticket Number: \_\_\_\_\_