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: _____