

## WARRANTY CLAIM FORM

**Fill out completely, accurately and clearly Sections 1 through 6.** Incomplete Claims, Invalid Model #'s, Serial #'s, &/or Part #'s will delay processing times &/or eventually be DECLINED. ALL supporting documentation MUST be included, as noted below.

**Claims must be filed within 60 days from Service Date.**

<b>1 Distributor:</b>	Branch ID #:	Address:	
Phone:		City, State, Zip:	
Fax:		Submitted by (Print):	

<b>2 End User Information:</b>		<b>Contractor Name:</b>	
Name:		Company Name	
Address:	Apt./Unit #:	Address:	
City, State, Zip:		City, State, Zip	
Phone:		Phone:	

**2a Installation Type (Check ONE):**       Residential       Commercial

<b>3 Equipment Info: Outdoor and Indoor</b>			
<b>Condenser Brand Name</b>		<b>Air Handler / Coil Brand Name</b>	
Model #:		Model #:	
Serial #:		Serial #:	
Install date:	M / D / Y	Install date:	M / D / Y
Date unit Serviced:	M / D / Y	Date unit Serviced:	M / D / Y

*\*\*For Minisplits, information for both Indoor and Outdoor **MUST** be provided. Otherwise it will delay processing time.  
\*\*For other systems, information for Indoor and Outdoor will help Engineering Dept. provide feedback on failure issues.(not required)*

<b>4 Explanation of Failure:</b>	

*\*\*\*For compressor failures, "bad compressor", "bad valves", "does not run", are not acceptable! Claim will be returned.*

<b>5 Service Performed:</b>	

<b>6 Fill Section Below with OEM defective Part Number(s)</b>	<b>FILL THIS SECTION ONLY** FOR COMPRESSOR / COIL CHANGE-OUTS</b>
<b>Parts Replaced:</b> MUST send proof of purchase of ALL replacement parts	<b>Compressor/Coil/Unit Change Outs Only:</b>
Part #:      Description	Model #:
	Serial #:
	Replacement Part #:
<input type="checkbox"/> Check here if used part of your own stock.	
<b>Supporting documentation required:</b>	Paste Defective Compressor TAG In this Area (For defective Compressor Claims Only)
Proof of Purchase from: Distributor, OR HVAC Contractor (where required), OR End-User; or warranty starts at 4 months from manufacturing date.	
Proof of Purchase for replacement parts indicating part # (OEM warranty part # or replacement part #), description, price paid. (for credit purpose)	
In some cases the Engineering Dept. may require the replaced parts for inspection. If so, a RMA will be issued with Instructions. ONLY after credit is issued replaced parts may be properly disposed of.	
<b>Send this form with required documentation to:</b>	
<b>ComfortStar USA Products</b> 12201 N.W. 107th Avenue, Medley, FL. 33178 Telephone: 866-591-9898 - Fax: 305-500-9896	
<b>*** For COMFORTSTAR use Only ***</b>	

Approved By \_\_\_\_\_  
Date: \_\_\_\_\_

2ND REVISION Decision By: \_\_\_\_\_  
Date: \_\_\_\_\_