



UBC COOL CANADA Inc.

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WARRANTY CLAIM FORM

ALL FIELDS MUST BE COMPLETELY FILLED OUT

Authorization number is required before any repairs or returns can be made

Section A:

Service invoice

Number (if attached) _____

Return authorization number _____

Party to Be Reimbursed: _____

Date malfunctioned		Date repaired		Date form completed	
Model number		Serial Number		Installation date	
SERVICE COMPANY - Contact name, Phone, Full address			CUSTOMER - Contact name, Phone, Full address		

COMPLAINT:

Symptoms and summary of diagnosis made are required. List hours and explanation for each repair made. Give exact location of any leaks. Attach pictures of defects if applicable

Hours

Section B: Service performed

Parts replaced, or refrigerant used (type and amount)	Price

* All replacement parts must be returned to UBC Group. Returned parts must include authorization number and serial number on box.

Labor Charges Summary

Hours _____

Labor Rate per hour _____ \$ Subtotal hours _____ \$

Parts _____ \$

GRAND TOTAL _____ \$

CUSTOMER SIGNATURE _____

SERVICE TECHNICIAN SIGNATURE _____