



WARRANTY CLAIM FORM

223 O'Fallon Plz
 O'Fallon, MO 63366
 Tel (636) 379-2226
 Fax (866) 659-8904
 www.beer-co.us

Please see instruction before completing form!

Service invoice
 Number (if attached) _____

Return authorization number _____

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.

Service performed **Hours**

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

* If the problem cannot be fixed and the unit must be replaced please call UBC to obtain an authorization number prior to sending the unit for warranty claim. Make sure to write that number on the top of this form.

Labor Charges Summary

Hours _____ Labor Rate per hour _____ \$ Subtotal hours _____ \$
 Parts _____ \$ **GRAND TOTAL** _____ \$

CUSTOMER SIGNATURE _____ **SERVICE TECHNICIAN SIGNATURE** _____