



**UBC COOL CANADA INC**

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## WARRANTY AUTHORIZATION 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: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

DATE FORM COMPLETED: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_

INSTALLATION DATE: \_\_\_\_\_

#### SERVICE COMPANY

#### CUSTOMER

Contact name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Full address: \_\_\_\_\_

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

### SECTION B – SERVICE PERFORMED

#### HOURS

_____	_____
_____	_____
_____	_____

#### 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: \_\_\_\_\_