



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: _____

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: _____