

DESIGN AIR

WARRANTY CLAIM

All claims must be submitted within 30 days of failure.

Attach Warranty Claim to defective part when returning.

This claim must be filled out completely in order to receive credit.

Please print clearly!

Claim Number = _____ + _____
Your Design Air Account Number Today's Date

Dealer Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Model #: _____

Serial #: _____

Install Date: _____ Part Fail Date: _____

Failed Part #: _____

Part Description: _____

Owner Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Reason for failure (be specific): _____

Compressor Serial #: _____
Old Serial # New Serial #

KEEP A COPY FOR YOUR OWN RECORDS.

FAX CLAIM TO (920) 243-6207