



HVAC DISTRIBUTOR | DESIGN SERVICES

CORPORATE OFFICE: 1010 W. Kennedy Ave., Kimberly WI 54136

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[designair.com/Learn](http://designair.com/Learn)

## Warranty Claim Form

RETURN AND COMPLETE TO [WARRANTY@DESIGNAIR.COM](mailto:WARRANTY@DESIGNAIR.COM) OR FAX TO (920)560-5280

### CUSTOMER INFORMATION

|                |                   |
|----------------|-------------------|
| DATE           | CUSTOMER ACCOUNT# |
| COMPANY NAME   | CONTACT           |
| ADDRESS        | PHONE             |
| CITY/STATE/ZIP |                   |
| EMAIL          |                   |

### UNIT INFORMATION (ALSO REQUIRED FOR REPLACEMENT PART WARRANTIES)

MODEL NUMBER

SERIAL NUMBER

UNIT INSTALLED

UNIT FAILED

#### \*SPECIAL SITUATIONS

SOME OF OUR VENDORS HAVE SPECIAL  
CRITERIA UNDER THEIR WARRANTY  
COVERAGE. PLEASE CONTACT OUR TEAM TO  
FIND OUT HOW YOU CAN ENSURE PROPER  
WARRANTY PROCESSES ARE FOLLOWED

### HOME OWNER INFORMATION

NAME

ADDRESS

CITY/STATE/ZIP

CONTINUE TO PAGE TWO FOR PART FAILURE AND REPLACEMENT INFORMATION

GREEN BAY | IRON MOUNTAIN | KIMBERLY | LA CROSSE | MADISON | ROCKFORD | WAUSAU | WEST ALLIS

  
NOTHING IS OUT OF REACH.

## WARRANTY CLAIM FORM

### PART FAILURE

WAS THIS PART PREVIOUSLY REPLACED?                      YES                      NO

DATE PART WAS PREVIOUSLY REPLACED

PART NUMBER    PART DESCRIPTION

REASON PART FAILED (BE SPECIFIC "DOA" "BAD" "DEFECTIVE" WILL NOT BE ACCEPTED)

PART NUMBER OF REPLACEMENT (IF DIFFERENT FROM FAILED PART)

### FULL UNIT REPLACEMENT:

AUTH FROM VENDOR #    NEW SERIAL #

### COIL REPLACEMENT:

OLD SERIAL #    NEW SERIAL #

### COMPRESSOR:

OLD SERIAL #    NEW SERIAL #

### LABOR

RATE REQUESTED                      NUMBER OF HOURS                      TOTAL AMOUNT REQUESTED

ATTACH A COPY OF YOUR LABOR BILL WITH YOUR SUBMISSION TO SUPPORT YOUR REQUEST TO THE VENDOR

NOTE: LABOR CANNOT BE CONFIRMED AT TIME OF SUBMISSION – VENDOR MAKES DETERMINATION