



YOUR PO: \_\_\_\_\_  
(to be referenced on credit)

Press Firmly, Bear Down

**IMPORTANT!!** INFORMATION REQUIRED IN SECTIONS 1 THROUGH 9 MUST BE FILLED OUT COMPLETELY AND ACCURATELY. INCOMPLETE CLAIMS CANNOT BE PROCESSED AND REIMBURSEMENTS WILL BE DELAYED.

Check One:  Product Warranty  Extended Warranty  Part Warranty  Special Labor Allowance

<b>1</b> MONTH DAY YEAR				<b>3</b> SERVICE CONTRACTOR			
DATE INSTALLED				ADDRESS			
DATE OF SERVICE				CITY		STATE	
<b>2</b> MODEL NUMBER				GOODCARE/ASURE NUMBER			
SERIAL NUMBER				<b>4</b> CUSTOMER NAME			
(OUTDOOR) MODEL NUMBER				ADDRESS		CITY	
(OUTDOOR) SERIAL NUMBER				STATE		ZIP	
<b>5</b> DISTRIBUTOR/BRANCH NAME				AREA CODE		PHONE NUMBER	
NUMBER				<b>6</b> PROJECT CODE / SPECIAL AUTHORIZATION NO.		<b>**COMPONENT CAUSE CODES</b>	
						COMPONENT	
						CAUSE	

<b>7</b> PARTS AND MATERIALS				
FAILED PART NO.	REPLACEMENT PART NUMBER	DESCRIPTION	QTY.	CREDIT/REPLACE
COMPRESSOR / MOTOR	FAILED SERIAL	NEW SERIAL		
<b>8</b> REASON FOR FAILURE	<b>9</b> SERVICE PERFORMED			

<b>10</b> EXTENDED SERVICE CONTRACT NO.	EXPIRATION DATE
<b>11</b> PARTS SOURCE	<b>12</b> SPECIAL LABOR ALLOWANCE
* PARTS PURCHASE INVOICE NO.	CREDIT/CHECK AMOUNT
CREDIT MEMO	UNIT REPLACEMENT AMOUNT
PRF/DEBIT NO.	MILEAGE/CARTAGE

**13** **Factory Use Only**


I HEREBY CERTIFY THE SERVICE SHOWN HAS BEEN PERFORMED AND PURCHASE DATE VERIFIED.

<b>14</b> SERVICE TECHNICIAN SIGNATURE X	DATE
<b>15</b> DISTRIBUTOR/BRANCH SIGNATURE X	DATE

\* SERVICERS MUST PROVIDE COPY OF PARTS INVOICE