

ComfortStar®

DATE: _____
REPL PO #: _____

WARRANTY CLAIM FORM

Fill out completely, accurately and clearly Sections 1 through 6. Incomplete Claims, Invalid Model #'s, Serial #'s, &/or Part #'s will delay processing times &/or eventually be DECLINED. ALL supporting documentation MUST be included, as noted below.
Claims must be filed within 60 days from Service Date.

1 Distributor:	Branch ID #:	Address:
Phone:		City, State, Zip:
Fax:		Submitted by (Print):

2 End User Information:	Contractor Name:
Name:	Company Name:
Address:	Apt./Unit #:
City, State, Zip:	Address:
Phone:	City, State, Zip:
	Phone:

3 Equipment Info: Outdoor and Indoor			
Condenser Brand Name		Air handler / Coil Brand Name	
Model #:		Model #:	
Serial #:		Serial #:	
Install date:	M / D / Y	Install date:	M / D / Y
Date unit Serviced:	M / D / Y	Date unit Serviced:	M / D / Y

***For Minisplits, information for both Indoor and Outdoor MUST be provided. Otherwise it will delay processing time.
**For other systems, information for both Indoor and Outdoor will help Engineering Dept. provide feedback on failure issues.*

4 Explanation of Failure:

****For compressor failures, "bad compressor", "bad valves", "does not run", are not acceptable! Claim will be returned.
Please explain system or part performance before failure, and possible failure reasons.*

5 Service Performed:

*****Part Replaced", "Part Removed", are not acceptable! Claim will be returned.
Describe Service performed before condemning damaged part.*

6	Fill Section Below with OEM defective Part Number(s)	**FILL THIS SECTION ONLY** FOR COMPRESSOR / COIL CHANGE-OUTS
Parts Replaced:	MUST send proof of purchase of ALL replacement parts	Compressor/Coil/Unit Change Outs Only:
Part #:	Description	Model #:
		Serial #:
		Replacement Part #:
<input type="checkbox"/> Check here if used part of your own stock.		
Supporting documentation required: Proof of Purchase from: Distributor. OR HVAC Contractor (where required), OR End-User, or warranty starts at 4 months from manufacturing date Proof of Purchase for replacement parts indicating part # (OEM warranty part # or replacement part #), description, price paid. (for credit purpose) In some cases the Engineering Dept. may require the replaced parts for inspection. If so, a RMA will be issued with instructions. ONLY after credit is issued replaced parts may be properly disposed of.		Paste Defective Compressor TAG In this Area (For defective Compressor Claims Only)
Send this form with required documentation to: ComfortStar USA Products 12201 N.W. 107th Avenue, Medley, FL. 33178 Telephone: 866-591-9896 - Fax: 305-500-9896		

*** For COMFORTSTAR use Only ***

Approved By _____
Date _____

2ND REVISION Decision By _____
Date _____