## Limited Warranty Claim Form (fill out completely) Summit claim SunTherm claim Mortex claim Other claim affix Summit Name of Installing Contractor: serial number label here note: label from case WITHOUT serial number Address: **DOES NOT APPLY** City, State, Zip: Phone: date purchased: Eqpt purchased from: Name of Customer: affix Address: **MORTEX** City, State, Zip: **Blower or Coil** Phone: installation date: serial number label condenser unit: HERE indoor coil model: serial number: Describe the nature of the failure: Date of failure: Mail to:

Action taken to correct problem:

Contractor service ticket# \_\_\_\_\_ labor claim: \_\_\_\_\_
Contractor signature:

MORTEX Products
501 Terminal Rd.
Ft. Worth, TX
76106

attn: WARRANTY

For Warranty Department	RGA#	
12.4		

Authorized signature: