

Warranty Form



Date: _____

Document Control# _____

Century Employee: _____

*RMA#: _____ IR# _____ CLAIM# _____

*Contractor

Company name: _____ Contractor: _____
Phone: _____ Cust Acct: _____

*Home Owner

Name: _____
Address: _____
City: _____
Phone: _____ State: _____ Zip: _____

*Equipment

*Model: _____ *Symptoms: _____
*S/N: _____ *Problems: _____
*Installed Date: _____ *Cause: _____
*Failure Date: _____ *Solution: _____

*Product registration is required before a claim can be submitted for components

*Unit warranty verified? Yes No *Does unit have multiple failures? Yes No
*Is this a Source 1 warranty? Yes No *If YES, a data sheet is **REQUIRED**
*Comfort plan warranty? Yes No

*Part Information

New Supplier Part # (1): _____ New Supplier Part # (3): _____
New Supplier Part # (2): _____
New Supplier Part # (3): _____

Old Supplier Part # (1): _____ Old Serial#: _____
Old Supplier Part # (2): _____
Old Supplier Part # (3): _____

FREON AMT: _____
MISC. AMT: _____

Part Requires Return?	
Yes	No

Century Part # (1): _____ Bin: _____
Century Part # (2): _____ Bin: _____
Century Part # (3): _____ Bin: _____

Century Use Only

Name: _____ Case #: _____ YS Letter: _____

* - indicates a required field.