

FAX BACK to ~~578~~
845-292-5118

WARRANTY CLAIM

PRINT OR TYPE - PRESS HARD - YOU ARE MAKING 4 COPIES

NO.

NORDYNE Distributor Number	Distributor Name YAJU	Distributor Reference/P.O. Number
If this is a NEW CONTRACTOR (no prior warranty service performed), please list the service company address / telephone in the space provided. We need this information to mail OMB-1099 forms, as required by the IRS. Thank you.		
NORDYNE Contractor Number (If Known)	Contractor Company Name	Contractor Telephone Number
Address X	City/State/Zip X	
(Both Indoor and Outdoor if Applicable) Unit Serial Number X	Unit Model Number and Brand Name of Equipment X	
Date Unit Installed / / X	Date Unit Serviced / / X	
Homeowner Name X	Homeowner Telephone X () --	
Work Performed (provide a complete description) X		
Part(s) Replaced (list part numbers)	Speed Chek Number (applies to labor only)	
	Authorization/Protection Plan Number (if applicable)	

COMPRESSOR/COIL/UNIT CHANGEOUTS ONLY	
Defective Model Number	Replacement Model Number
Defective Serial Number	Replacement Serial Number

MANUFACTURED HOUSING PRODUCT ONLY		Rate	Qty	Total
Hourly Rate	\$ _____	_____	\$ _____	
Mileage	\$ _____	_____	\$ _____	
Refrigerant	\$ _____	_____	\$ _____	

RES/COMM PRODUCT ONLY		Hourly Rate	Refrigerant	Total
PAC Rate	\$ _____	\$ _____	_____	\$ _____
Residential Protection Plan Only		\$ _____	_____	\$ _____

SEND ONE LEGIBLE COPY TO NORDYNE WARRANTY DEPT.

Total \$ _____

6070-0400 (Replaces 6070-0599)