



WARRANTY CLAIM FORM

8750 Pioneer Blvd.
Santa Fe Springs, CA 90670
Ph: 562/699-6066

Submitted: _____
Date

FAX # **845-292-5118**

*****(Must be filled out COMPLETELY and LEGIBLY)*****

PLEASE CHECK APPLICATION

CREDIT

REPLACEMENT

PROOF OF PURCHASE ORDER # ()

CLAIM MUST BE FILED WITHIN 30 DAYS FROM DATE OF SERVICE

DISTRIBUTOR

Company	Yan Company Inc.	Phone #:	845-292-6400
Street	240 Chestnut Street	Fax:	845-292-5118
City	Liberty, NY 12754	Date:	
State, Zip		Claim Review By:	Burt Robertson

Ship Replacement Parts to:

Company	Phone #:
Street	Fax:
City	
State, Zip	

End User Information

Customer's name: _____
 Address _____
 City _____
 State, Zip _____
 Phone: _____

Servicer

Company's name: _____
 Address _____
 City _____
 State, Zip _____
 Phone: _____



IMPORTANT NOTICE

IF SERIAL NUMBER CONTAINS AN (X) INCLUDE ALL 15 CHARACTERS. IF NOT INCLUDE 11 CHARACTERS ONLY
Example : **A97ZP21 X**

Equipment	**Serial Number**
*INDOOR	Serial # (Indoor Unit)
MODEL:# _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*OUTDOOR	Serial # (Outdoor Unit)
MODEL # _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* Installation Date: _____	Date Service Completed: _____

Explanation of Failure

Use other side if necessary

*Was problem caused by freight damage? Yes No

*Did you file a freight claim?

Yes No

I certify I have properly services this system.

Servicer Signature

Parts Information

Part Number	Description	Qty
1. _____	* _____	*
2. _____	* _____	*
3. _____	* _____	*

Handling Request for Returned Part

If purchased through a distributor, return claim form & part to distributor.

Approved By: _____ Date: _____
Samsung Air Conditioning