



WARRANTY CLAIM FORM

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

Submitted: _____
Date

FAX # 562/699-4351

*****(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	Phone #:
Street	Fax:
City	Date:
State, Zip	Claim Review By:

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

*INDOOR
MODEL:# _____

Serial Number

Serial # (Indoor Unit)

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*OUTDOOR
MODEL # _____

Serial # (Outdoor Unit)

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* Installation Date: _____

Date Service Completed:

Explanation of Failure

.....
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.....

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