

Williamson Warranty Info Form

Williamson INFORMATION FORM

1. Distributor's Name: Yaun Company Inc., Liberty

2. Part No. (new replacement): _____

3. Part Name: _____

4. Part No. (failed): _____

5. Equipment from which removed:

Model No.: _____

Serial No.: _____

6. Serial No. (old compressor): _____

7. Serial No. (new compressor): _____

8. Dealer Name: _____

9. Date unit installed: _____ 10. Date unit replaced: _____

11. Description of failure: (not defective)

12. Would you like a replacement part? _____

If you have already received a replacement part please write down the ticket # the replacement part came on. _____

OWNER INFORMATION:

1. Owner name: _____

2. Street Address: _____

3. City, State, Zip: _____

4. Telephone #: _____

Please fill in all information. Print clearly and fax back to
845-292-5118

Please retain defective part until credit is received