



# Return Material Tag

Must be completed in full for credit

### Location purchased (check one):

Manchester  Waltham  Portsmouth  Chelmsford  Franklin  Warwick  Weymouth



## Contractor

Contractor name: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PO used/name: \_\_\_\_\_ Invoice number: \_\_\_\_\_

## Customer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

## Product/Part Return

Manufacturer: \_\_\_\_\_

Case number: \_\_\_\_\_

Unit model: \_\_\_\_\_

Unit serial: \_\_\_\_\_

Part number(s): \_\_\_\_\_

Defective compressor regards model: \_\_\_\_\_

Defective serial number: \_\_\_\_\_

Replacement compressor regards model: \_\_\_\_\_

Replacement serial number: \_\_\_\_\_

Replacement unit model: \_\_\_\_\_

Replacement unit serial number: \_\_\_\_\_

## Explanation of Failure(s)

Date of system install: \_\_\_\_\_ Date of failure: \_\_\_\_\_ Date of replacement: \_\_\_\_\_

Today's date: \_\_\_\_\_ Prepared by: \_\_\_\_\_ Authorized by: \_\_\_\_\_

Description of failure: \_\_\_\_\_

<b>Internal Use Only</b>		RMA number: _____
Invoice number: _____	API PO: _____	Claim number: _____

### Instructions

- Information must be filled out and an explanation of failure must be detailed. (The word defective does not provide sufficient information.)
- This Return Material Tag must be attached to the item. Please use the supplied label to ship item to us.
- Warrantied parts must be returned within 30 days of replacement of defective part. (Warranty is invalid after 30 days.)
- Contractor may be responsible for freight and processing charge.

**Questions?** Call the Warranty Department at (603) 668-7810.