



90-DAY PART FAILURE WARRANTY INFORMATION FORM

THIS INFORMATION IS REQUIRED TO PROCESS THIS CLAIM

CUSTOMER INFORMATION

(End User - not Servicer)

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

SERVICER INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

EQUIPMENT INFORMATION

MODEL NUMBER: _____ SERIAL NUMBER: _____
DATE PART INSTALLED: _____ DATE FAILED: _____
VOLTAGE & PHASE: _____ GAS PRESSURE : _____
PART NUMBER: _____

In detail, please describe how the part failed.
(Please do not use the words, 'bad', or 'defective' when describing the failure of the part.)

Ship parts to
R & B Commercial Service Inc
3110 Los Arboles NE
Albuquerque N.M . 87107