

HUSSMANN

Warranty Claim form

Submit form, completed in entirety, to:

Hussmann Warranty Claims
12999 St. Charles Rock Road
Bridgeton, MO 63044

Phone: (800) 398-7402

Fax: (866) 955-7053

Contractor/Vendor

Company Name:	<input type="text"/>	Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Contact Name:	<input type="text"/>	Phone:	(<input type="text"/>) - <input type="text"/>	fax:	(<input type="text"/>) - <input type="text"/>				

Claim Invoice Information

Labor Rate:	<input type="text"/>	Regular Time:	<input type="text"/>	Tax on labor (if applicable in your state):	<input type="text"/>
Invoice Amt:	<input type="text"/>	Over time:	<input type="text"/>	Reason for Overtime hours:	<input type="text"/>

Equipment location:

Store Name:	<input type="text"/>	Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Store #:	<input type="text"/>								

Equipment Description

Model:	<input type="text"/>	Serial #:	<input type="text"/>	Additional S/N's (Continue on back of form if needed): <input type="text"/>
		Install Date:	<input type="text"/>	
New / Remodel (circle one)				

Problem/Repair Description: (must not use broke/defective/not working) looking for description of broke/defective/not working

Causal Part #	<input type="text"/>	Description:	<input type="text"/>
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Installed Part #	<input type="text"/>	Description:	<input type="text"/>
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If Compressor Replacement:

(Must attach New compressor Purchase Invoice, Include any applicable core credit)

Old Compressor Model:	<input type="text"/>	New Compressor Model:	<input type="text"/>
Old Compressor S/N:	<input type="text"/>	New Compressor S/N:	<input type="text"/>

If Door/Frame Replacement for Equipment:

(Must list the door/frame S/N in addition to the case S/N) - Not required on Walk-in Applications

Submit this form, completed in detail, along with the service or work ticket, and invoices, to the address above. Each request is subject to audit and approval by Hussmann Corporation. All work tickets and supporting documentation including itemization of labor, materials and expenses are to be attached to this form. All documentation must be submitted no later than 45 days after the repair to be considered valid for payment. Replacement parts or parts credit must be obtained through the respective manufacturing facility or authorized parts depot. -- Also, any parts removed and replaced during repair should be held for 30 days after the claim has been paid as Hussmann reserves the right to request the part for return. If equipment is received damaged, please contact your Hussmann Representative to place a claim with the freight carrier. Please make a note if someone other than contractor is requesting payment.