## **HUSSMANN WARRANTY CLAIM FORM**

Submit form, completed in entirety, to one of the following:



email:	hussmannwarrantyclaims@hussmann.com			CONTACT	CONTACT INFORMATION:					
fax:	1-866-955-7053			PHONE	:	1-800-398-7402				
mail:	Hussmann Warranty Claim Dept			EMAIL	: <u>hussmannwa</u>	arrantyclaims@hussma	nn.com			
	12999 St. Charles Rock Road									
	Bridgeton, MO 63044									
Contractor/Vendor										
Company Name:		Address:		City	:	State: Zip:				
		<u> </u> 								
Contact Name:		Phone:	( ) -	fax	: ( ) -					
			,		,					
Equipment loc	ation:				_					
Store Name:		Address:		City		State: Zip:				
Store Hume.		/ tauress.		City		2.10.				
Store #:										
31016 #.										
Equipment De	scription									
					Additional S/N's (Con	tinue on back of form i	f needed):			
Model:		Serial #:								
		Install Date:								
	New / Remodel (circle one)									
Problem/Repa	nir Description: (must not use I	broke/defective/	not working) looking for d	escription of broke	/defective/not working					
		1								
Causal Part #		Description:				Fail Date:				
		]								
Installed Part #		Description:				Repair Date:				
If Compressor	Replacement:	(Must attach Ne	ew compresor Purchase In	voice, Include any a	applicable core credit)					
	Old Compressor Model:			New	Compressor Model:					
	Old Compressor S/N:			Ne	ew Compressor S/N:					
f Door/Frame Replacement for Equipment: Must list the door/frame S/N in addition to the case S/N) - for Walk-ins only door or frame S/N needed										
		- I ividst list t	Joory marile 3/14 ill addition to	and case 3/14/ - 101 Wal	only door or ridine 3/N II	ceseu				
	Ī									

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. Please refer to Hussmann website for all current warranty policies and guidelines: