

## WARRANTY CLAIM FORM

### STEPS FOR WARRANTY CONSIDERATION

1. Claim form must be completely filled out.
2. Model number and serial number must be provided.
3. All defective units/parts must be returned with provided RMA or UPS label to the factory with this form in order to get replacements. If you would like to receive new unit/part in advance, you need to provide your credit card information for security deposit until you return, and we receive the defective unit/part. Your credit card will be charged the amount of the unit/part if we do not receive the defective unit/part within 15 days from the date you received replacement unit/part shipment. Part assemblies must be complete or credit may be denied.
4. A copy of the original invoice from part supplier and the invoice with letter head from your company asking for reimbursement must be included to support replacement parts purchased locally. (note: we only reimburse cost of part paid)
5. All claims are subject to evaluation and will be reviewed for clarity of content.

**\*\* If any of these steps are not followed, warranty consideration will be delayed or denied. \*\***  
**For your records, keep copies of all forms submitted, and any type of proof of return.**

**~ RETURN PARTS TO: TURBO AIR CORP., 4184 E. CONANT ST., LONG BEACH CA 90808 ~**

**Submitted by:** (Company requesting for warranty coverage)

Date: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone & Email: \_\_\_\_\_

**Technician's Information** (if submitted by a Refrigeration or HVAC Technician, please skip)

Full Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone no.: \_\_\_\_\_

**Shipping Information:**  Check if same as Submitted by

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Equipment Information > Date Equipment Installed \_\_\_\_\_ Date Service Required: \_\_\_\_\_

Model No. of unit being serviced: \_\_\_\_\_

Serial No. of unit being serviced: \_\_\_\_\_

Model and Serial No. of Compressor: \_\_\_\_\_

**\*\* Only if it's a compressor warranty\*\***

**End-User Information:**

Company: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Management Contact: \_\_\_\_\_

**The following section must be completed:**

Explain part failure in detail or describe how the part is malfunctioning.  
(Simply writing "Part Failed or Bad" is not an acceptable explanation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* You should expect a response within 1-2 days of your request. If you do not receive a response within 2 days from the above date, please call (888) 900-1002 to request the status of your appeal. Please have model and serial number of the unit available when you call.

~ Warranty Statements can be obtained thru our website <http://www.turboairinc.com/index.php/warranty-statement-ac> ~

If submitting warranty for compressor claim, please fill out this form, if not disregard.

**Compressor TAG:**

Invoice Date:
Invoice no. & Work order no. :
Compressor Model no.:
Compressor Serial no.:
City and State in which unit was sold:
Place (Ex. Burger King):
What kind of food is stored:
Problem with compressor: