Warranty Claim Form

7101 N.W. 43 Street
Miami, Florida 33166 U.S.A.
Tel: (305)477-8880 / Fax: (305)599-9323
www.refricenter.net

Store #:	Date:

Submitters Name:	Certified Air Conditioning Contractor #	
Customer Name:	Refricenter Account #	
Customer Address:		
City:	State/Province:	Tel:
E-Mail:	Brand:	
Refricenter Invoice #	Invoice Date:	
Unit Model #	Serial #:	
Defective Part #	Error Code:	
Replacement Part #		
Replacement Invoice #		

DETAILED description of defect or failure

***Note**: Please include several high resolution photos of the claimed item/unit. Classic/TGM warranty claim forms are a vital part in quality control and continuous product improvement. Warranty claim forms that do not provide sufficient detail will be denied.*

Updated October 2019