

WARRANTY CLAIM FORM

PLEASE SUBMIT CLAIM INTO WARRANTY EXPRESS ELECTRONICALLY OR SUBMIT CLAIM FORM TO YOUR LOCAL DISTRIBUTOR.

				P	ress Firmly, Bear Do	own				
IMPORT		INFOF	RMATION	N REQU	JIRED IN SECT	TIONS	1 THROUGH 9 ML	JST BE FILL	ED OUT	
COMPLETELY				ELY AN	Y AND ACCURATELY. INCOMPLETE CLAIMS CANNOT BE					
D 1222	5301		PRC	CESSE	ED AND REIME	URSE	MENTS WILL BE I	DELAYED.		
Check One:		duct Warra	anty	Extended	Warranty	Part Wa	rranty Special La	bor Allowance		
		DAY	YEAR		SERVICE					
1				3 ADDRE	CONTRACTOR					
DATE INSTALLED				CITY		STATE		ZIP		
SERVICE						SIAIE		21F		
2 MODEL NUMBER			NUMBE							
				4	CUSTOMER NAME					
SERIAL NUMBER				ADDRE	SS					
				CITY			STATE	ZIP		
(OUTDOOR) MODEL NU	MBER			AREA CODE		PHONE NU	MBER			
(OUTDOOR) SERIAL NU	IMBER			6	6 PROJECT CODE / SP		**COMPONEN	IT CAUSE CODES		
					AUTHORIZATION		COMPONENT	CAUS	SE	
5 DISTRIBUTOR	BRANCH									
NUMBER										
7 PARTS AND M	ATERIALS									
FAILED PART NO.		REPLACEMENT PART NUMBER			DESCRIPTION			QTY.	CREDIT/ REPLACE	
COMPRESSOR / MOTO	R FAILED	1			NEW					
REASON FOR					SERIAL 9 PERFORMED					
O FAILURE					PERFORMED					
	PVICE				EXPIRATION					
10 EXTENDED SE CONTRACT NO					DATE					
SOURCE						12	SPECIAL LA	BOR ALLOWANCE		
* PARTS PURCHASE INVOICE NO.							CREDIT/CHECK AMOU	т		
CREDIT MEMO								ит —		

Factory Use Only		I HEREBY CERTIFY THE SERVICE SHOWN HAS BEEN PERFORMED AND PURCHASE DATE VERIFIED.		
	14	SERVICE TECHNICIAN SIGNATURE X _	DATE	
	15	DISTRIBUTOR/BRANCH SIGNATURE X	DATE	

UNIT REPLACEMENT AMOUNT

MILEAGE/CARTAGE

* SERVICERS MUST PROVIDE COPY OF PARTS INVOICE

PRF/DEBIT

NO. 13

** SEE REVERSE FOR COMPONENT/CAUSE CODES

7841



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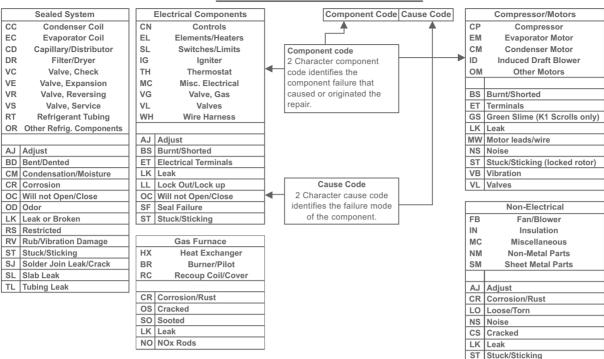
	P	ress Firmly, Bear Down						
IMPORTANT!! INFORMAT	FION REQU	JIRED IN SECTION	NS 1 THROUGH 9 M	JST BE FILLED OUT				
COMPL	ETELY AN	D ACCURATELY.	INCOMPLETE CLA	IMS CANNOT BE				
D 12225301	PROCESSE	ED AND REIMBUR	SEMENTS WILL BE	DELAYED.				
Check One: Product Warranty	Extended	Warranty Part	Warranty Special L	abor Allowance				
1 MONTH DAY YEAR	5	SERVICE CONTRACTOR						
DATE INSTALLED	ADDRES	SS						
DATE OF SERVICE	CITY	\$1	ATE	ZIP				
2 MODEL NUMBER	GOODO	CARE/ASURE						
	4	CUSTOMER NAME						
SERIAL NUMBER	ADDRES	ADDRESS						
	CITY		STATE	ZIP				
(OUTDOOR) MODEL NUMBER	AREA	PHON	ENUMBER					
(OUTDOOR) SERIAL NUMBER	6	PROJECT CODE / SPECI	AL **COMPONE	NT CAUSE CODES				
		AUTHORIZATION NO.	COMPONENT	CAUSE				
5 DISTRIBUTOR/BRANCH								
NUMBER								
-	,							
PARTS AND MATERIALS	CEMENT			CREDIT/				
	IUMBER		DESCRIPTION	QTY. REPLACE				
FAILED		NEW						
SERIAL SERIAL		SERIAL						
8 FAILURE		9 SERVICE PERFORMED						
10 EXTENDED SERVICE CONTRACT NO.		EXPIRATION DATE						
11 PARTS SOURCE		12	SPECIAL L	ABOR ALLOWANCE				
* PARTS PURCHASE INVOICE NO.			CREDIT/CHECK AMOU	NT				
			UNIT REPLACEMENT AMOU	NT				
PRF/DEBIT			MILEAGE/CARTA	GE				

13 Factory Use Only		I HEREBY CERTIFY THE SERVICE SHOWN HAS BEEN PERFORMED AND PURCHASE DATE VERIFIED.			
	14	SERVICE TECHNICIAN SIGNATURE X	DATE		
	15	DISTRIBUTOR/BRANCH SIGNATURE X	DATE		

* SERVICERS MUST PROVIDE COPY OF PARTS INVOICE

** SEE REVERSE FOR COMPONENT/CAUSE CODES

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COMPONENT CAUSE CODES

Procedures for Completing Warranty Claim Form

1 Sections 1 through 9 must be filled out completely and accurately to prevent claim rejection and processing delays.

2 Warranty Type Check Boxes

a. <u>Product Warranty</u>; this refers to any item (part or Labor) covered under the terms of the stated product warranty as stated in the warranty certificate shipped with the product. Labor only included on certain models.

b. Extended Warranty; if the product is covered by a Goodman extended service policy (Asure or Goodcare) check the box and enter the contract number and expiration date in section 10.

VB Vibration

c. <u>Part Warranty</u>; replacement parts purchased by the customer for product no longer covered by the standard product warranty are covered by a 1 year replacement part warranty. Check this box if replacement part is within the 1 year part warranty. <u>Must provide customer proof of purchase</u>.

d. <u>Special Labor Allowance</u>; Check this box for any labor request that does not fall under the normal product warranty or extended service policy as described above. Includes DOA, concessions and special programs offered via Service Bulletins. Subject to policies outlined in Distributor Service Policy book.

- 3 Section 2, Model & Serial Number; additional space has been provided for a second Model & Serial number. If servicing an indoor coil or blower cabinet, please list the model & serial of the outdoor unit in the space provided. This is necessary as some coil warranties are dependent upon the outdoor unit match.
- 4 <u>Section 6</u>, <u>Project Code/Special Authorization</u>; if the repair is covered under a Project Code list the project number in the space provided. Special projects and project codes are provided via service bulletins. In some cases a special authorization may be provided by the factory authorizing repairs outside of standard warranty. If provided with a Special Authorization number it is important to list this authorization number in the space provided, the concession number provides warranty administration with the necessary information to properly process the claim.
- 5 Section 6, Component/Cause Codes; using the claim coding table on the back of this claim form select the Component & Cause Codes that best describes the root cause of this repair. Enter the two two character codes in the fields provided.
- 6 Section 7. Parts & Materials; the refrigerant drier must be replaced and the part number listed on all sealed system claims where the system is opened to the atmosphere or refrigerant system parts are replaced. Failure to replace the filter drier will result in rejection of any applicable labor reimbursement.
- 7 Section 10, Extended Service Contract No & Expiration Date; if the product is covered by an Asure or Goodcare extended service policy, servicer must list the contract number and expiration date in the fields provided.
- 8 Section 11, Parts Source, Parts Purchase Invoice Number, PRF/Debit Memo Number; list the parts source and invoice number from which the parts were purchased. For customers who file part claims directly with the factory you are required to provide a copy of your parts invoice as proof of purchase (not required for distributors). Distributors, to help in keeping your claim batches together we recommend you list the PRF or Debit Memo number in the space provided.
- 9 Section 12, Special Labor Allowance; distributor, if you are requesting a labor allowance or DOA enter the amount requested (per published DOA guidelines) in the Check/Credit Amount field (requires distributor signature). If replacing a unit, enter the unit amount in the unit Replacement Amount field and enter the replacement Model & Serial numbers in section 7. Amana unit credits will be issued at the distributors cost for the replacement unit. Some products with full warranties provide for a cartage allowance, if applicable enter the cartage allowance in the space provided.
- 10 Section 13, Factory Use Only; branch of regional service manager use this space to provide authorization and instructions for processing claims outside of standard warranty policy.