

Republic Mechanical Wholesalers Warranty Form

Customer Name _____

Address _____ City _____ State _____ Zip _____

Dealer Name _____ City _____ Zip _____

Unit Model Number _____ Unit S/N _____

Purchased Date _____ Failed Date _____

Defective Part No. _____ Replacement Part No. _____

Part Description _____ Date Code _____

Defect (Do not write defective) _____

Customer PO number _____ Original Invoice Number _____

(This section must be filled out if filing for compressor or A- coil warranty)

Defective Comp.(coil) Model _____ S/N _____

Replacement Comp.(coil) Model _____ S/N _____

(The following is for Republic use)

Credit ticket number _____ Factory RMA _____

Defect Code _____ Labor Code _____

This form must be completely filled out before credit can be issued!