



# Mechanical Wholesalers Warranty Claim Form

DATE: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Customer Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dealer Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Unit Model Number \_\_\_\_\_ Unit S/N \_\_\_\_\_

Date Unit Installed \_\_\_\_\_

Defective Part No. \_\_\_\_\_ Replacement Part No. \_\_\_\_\_

Defective Part No. \_\_\_\_\_ Replacement Part No. \_\_\_\_\_

Honeywell Date Code: \_\_\_\_\_

Part Description: \_\_\_\_\_

Comfort Plan Contract # \_\_\_\_\_

Refrigerant Used: \_\_\_\_\_ Amount \_\_\_\_\_

Customer PO Number: \_\_\_\_\_ Original Invoice Number \_\_\_\_\_

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## SECTION 2

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

Defective Comp/A-coil Model \_\_\_\_\_ S/N \_\_\_\_\_

Replacement Comp/A-coil Model \_\_\_\_\_ S/N \_\_\_\_\_

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**SEND A PICTURE OF THE DATA PLATE OFF THE FAILED COMPRESSOR WITH THIS COMPRESSED FORM**

Email completed forms to 1 of the following:  
[pennym@republicco.com](mailto:pennym@republicco.com) or [goodenoughs@republicco.com](mailto:goodenoughs@republicco.com)

**DAVENPORT**  
563 322 6204

**CEDAR RAPIDS**  
319 730 2733

**DUBUQUE**  
563 588 1856

**PEORIA**  
309 691 2161

**DES MOINES**  
515 416 4822

**MADISON**  
608 708 4822