# STANDARD WARRANTY CLAIM FORM

Thermal SUPPLY INC.

CORPORATE OFFICE
717 S Lander St, Seattle, WA 98134
Phone - 206-624-4590

RESET FORM

VENDOR CLAIM #
***write N/A if not needed***

BRANCH #/LOCATION

**IMPORTANT – Please make sure that all sections are filled out completely and accurately. Incomplete information cannot be processed and will cause delay**

MUST CHECK ONE

Product Warranty ☐ Part Warranty ☐ Extended Warranty ☐ Special Labor Allowance ☐

Original Customer Sales Order # (P21)

TSI Internal RMA # (from P21)

Date Purchased (or Installed)

Date of Service (If Needed)

Name of Equipment Manufacturer

Service Contractor

Address

City State Zip

Phone #

Customer Name

Address

City State Zip

Phone #

## PARTS AND MATERIALS

| FAILED/RETURN PART # | REPLACEMENT PART # | ITEM DESCRIPTION | QTY | CREDIT/REPLACE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Date Old Part Installed

Date Old Part Failed

Specific Reason for Failure

Service Performed

YOUR NAME:

COMPANY (SERVICE CONTRACTOR):

PHONE NO:

REPRESENTATIVE SIGNATURE:

DATE:

EMAIL FORM SAVE FORM