



WARRANTY ADMINISTRATOR: Sonya Bounds
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REQUIRED TO FILE A WARRANTY CLAIM

DATE:

AES INVOICE # OR DELIVERY #:

SERVICING DEALER'S INFORMATION

COMPANY:

ADDRESS:

CONTACT: PHONE:

CUSTOMER'S WARRANTY INFORMATION

CUSTOMER NAME:

ADDRESS, CITY, ST,ZIP:

CUSTOMER'S PHONE #:

UNIT MODEL #: UNIT SERIAL #:

ORIG INSTALL DATE: FAIL DATE:

ISSUE/COMPLAINT:

CAUSE:

CORRECTION:

PART #:

REPAIR DATE: DEALER PO:

ALL 3 SERIAL NUMBERS BELOW ARE REQUIRED FOR COMPRESSOR CLAIMS. IF YOU HAVE POSSESSION OF THE OLD COMPRESSOR, A PICTURE OF THE SERIAL # PLATE IS REQUIRED WITH THIS FORM.

OLD COMPRESSOR SERIAL #:

NEW COMPRESSOR SERIAL #:

AIR HANDLER OR COIL SERIAL #: