

Service Credit Application

Warranty Claim Form

Dealer #						— Distributor # Auer Steel					
Dealer Name:											
End User / Customer Information											
First Name						Last Name					
Street											
City						State			Zip		
Phone #						Email address:					
Warranty Type											
<input type="checkbox"/> Stock Unit			<input type="checkbox"/> Standard			<input type="checkbox"/> Bulletin			<input type="checkbox"/> Service Parts		
<input type="checkbox"/> Competitive Equipment			<input type="checkbox"/> Preauthorization			<input type="checkbox"/> Accessory Exchange			<input type="checkbox"/> Opt. Contract <i>(parts only)</i>		
Application Type											
<input type="checkbox"/> Owner Occupied Residential			<input type="checkbox"/> Other Residential Application			<input type="checkbox"/> Commercial			Installing Homeowner: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unit Information											
Model #						Serial #					
Install Date				Failed Date				Repair Date			
Optional Contract Number (Parts Only)						Bulletin / Authorization #					
Causal Part	Carrier part Number (not vendor #)				Qty	Order/Invoice #		Part SN <i>(if applicable)</i>		Install Date	
<input type="checkbox"/>	Failed:										
	Replaced:										
<input type="checkbox"/>	Failed:										
	Replaced:										
<input type="checkbox"/>	Failed:										
	Replaced:										
<input type="checkbox"/>	Failed:										
	Replaced:										
<input type="checkbox"/>	Failed:										
	Replaced:										
Quality Information											
Model Location: <input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Carport/Garage <input type="checkbox"/> Crawl Space <input type="checkbox"/> Closet <input type="checkbox"/> Outdoors <input type="checkbox"/> Rooftop											
Gas Furnace Fuel: <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas Furnace Orientation: <input type="checkbox"/> Downflow <input type="checkbox"/> Horizontal <input type="checkbox"/> Upflow											
DOA Labor Repair Type (refer to front page of instructions):											
Service Performed:											
New Comment:											

Service Provider Signature

Date