



## Warranty Part Replacement Claim

Complete all of the information requested. Incomplete information may delay credit process.

Date: \_\_\_\_\_

Distributor \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Ph \_\_\_\_\_ FAX \_\_\_\_\_

e-Mail: \_\_\_\_\_

Dealer \_\_\_\_\_

Dealer \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Ph \_\_\_\_\_ FAX \_\_\_\_\_

e-Mail: \_\_\_\_\_

Replacement Part Number(s): \_\_\_\_\_ Part(s) Installation Date: \_\_\_\_\_

Reason Part Was Replaced: \_\_\_\_\_  
(Please provide detail, not just "defective")

Unit Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Unit Installation Date: \_\_\_\_\_

Check One:

- Credit Empire Repair Parts Invoice Number \_\_\_\_\_
- Credit Empire Repair Parts Order Number \_\_\_\_\_
- Send Replacement Part to Distributor
- Send Replacement Part to Dealer

Send completed form by e-mail to [parts.orders@empirecomfort.com](mailto:parts.orders@empirecomfort.com) or by fax to 800 443-8648

### For Empire Comfort Systems Office Use:

Claim Received: \_\_\_\_\_

Credit Issued or  Replacement Part Shipped – Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

Comments: