Friedrich

SERVICE CO. WORK ORDER NO.

INTERNATIONAL WARRANTY CLAIM PARTS

SEND TO
FRIEDRICH
P.O. Box 1540
SAN ANTONIO, TX 78295-1540

CLAIM TYPE:* (circle one) STANDARD WARRANTY | PRE-AUTHORIZATION | STOCK | EXCHANGE UNIT | PART ONLY

A. SERVICE COMPANY NAME*		B. PARTS DIST./DEPOT*	
SERVICE COMPANY ID #		DIST/DEPOT #	
		FRIEDRICH	
		PO BOX 1540	
		SAN ANTONIO, TX 78295-1540	

C. CONSUMER INFORMATION*				D. UNIT INFORMATION*		
NAME*				MODEL NO*		DATE PURCHASED*
ADDRESS*						
CITY*				SERIAL NO*		DATE FAILED*
COUNTRY		POSTAL CODE				
	AREA CODE/ PHONE*			SOLD BY	FRIEDRICH	DATE COMPLETED*
	PreAuthorization #					

E. CONSUMER COMPLAINT*	F. SERVICE PERFORMED*

G. PART NO.**	DESCRIPTION**	INVOICE NO.**	COMPONENT*	DEFECT*	ACTION*

H. NEW UNIT SERIAL NO.**	NEW UNIT MODEL NO.**

PARTS AMOUNT**	
ADDITIONAL OTHER**	

Comments

*MANDATORY ** WHEN APPLICABLE

SAP #