

WARRANTY FORM



PLEASE SEND PHOTOS OF ALL RATING PLATES TO 905-988-1724
INCLUDE TEXT INDICATING WARRANTY CLAIM

YOUR NAME: _____

FAILURE/SERVICE DATE: _____

UNIT INSTALLATION DATE: _____

1: DEALER INFO: COMPANY _____, PHONE _____

ADDRESS _____, CITY _____, POSTAL CODE _____

2: END USER INFO: NAME _____, PHONE _____

ADDRESS _____, CITY _____, POSTAL CODE _____

FOR PARTS

UNIT INFO: MODEL _____, SERIAL _____

PART NAME/SKU/QUANTITY _____

REASON OF FAILURE _____

FOR COMPRESSORS/UNITS

UNIT MODEL/SERIAL(COMPRESSOR ONLY): _____, _____

OLD MODEL/SERIAL: _____, _____

REPLACEMENT MODEL/SERIAL: _____, _____

REASON OF FAILURE:

Thank you for shopping at ISC!