



**INDEPENDENT
SUPPLY COMPANY INC**

RETURN / WARRANTY INFORMATION

Failure / Service Date	
Original Purchase Date	
Sales Order #	
Installation Date	

Dealer Information:	
Company	
Address	
City, Province, Postal Code	
Phone	

End User/Homeowner Equipment Location (if required)	
Name	
Address	
City, Province, Postal Code	
Phone	
Brand or Manufacturer	
Equipment MODEL #	
Equipment SERIAL #	

Parts used during service		
Part #/ SKU	Description	Quantity

Reason for Failure	

Supplier RA #	
ISC Employee	
ISC Branch	