



Replacement Unit Request Form

Consumer Information

Name: _____
 Model #: _____ Serial #: _____
 Unit Serial #: _____ (Found on the 100% Satisfaction "Homeowner Registration Form")
 Address, City, State, Zip: _____
 Phone: _____ Email: _____
 Date of Installation: _____ Date of First Problem: _____
 Date of Consumer Request: _____
 List the Reasons the Consumer is Requesting Replacement Unit Below:

Servicing Dealer Information

Company Name: _____ Technical Rep: _____
 Address, City, State, Zip: _____
 Phone: _____ Email: _____
 Provide Date/s of Site Visit/s by Dealer (Unless Covered By Service Records

| Dealer Rep | Date | Summary of Visit (Actions/Findings) |
|------------|-------|-------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Service Contractor Comments and Recommendations:

Distributor Information

Company Name: _____ Service Manager: _____
 Phone: _____ Email: _____
 Provide Date/s of Site Visit/s by Dealer (Unless Covered By Service Records:

| Dealer Rep | Date | Summary of Visit (Actions/Findings) |
|------------|-------|-------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Provide Date/s of Contact with ClimateMaster Technical Support:

| ClimateMaster Tech Rep | Date | Summary of Discussion |
|------------------------|-------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Be Sure To Include: Completed Troubleshooting Form, all service records/receipts and any additional information that may be helpful to
satisfactionclaims@climatemaster.com