

AMERICAN STANDARD PARTS WARRANTY CLAIM FORM

All warranty parts applications must be submitted within 15 days from failure date for credit consideration.

Order/Invoice/PO Number: _____

Dealer Name: _____

Homeowner Name: _____

Homeowner Address: _____
Street City State Zip Code

Unit Model Number:

Unit Serial Number:

Install Date: _____

Part Fail Date: _____

Defective Part Number: _____

Detailed Description of Failure: _____

Product Service Bulletin Number (if applicable): _____

Additional Info Required for Compressors & Coils

Comp/Coil Model Number: _____

Comp/Coil Serial Number: _____

Replacement Comp/Coil Serial Number: _____

Return failed part to nearest Holt Supply branch.

Fill out all information on this form and submit to Holt Supply:



FAX: 309.820.0545
EMAIL: cara.strickland@holtsupply.com

