



# WARRANTY CLAIM FORM

223 O'Fallon Plz  
 O'Fallon, MO 63366  
 Tel (636) 379-2226  
 Fax (866) 659-8904  
 www.beer-co.us

**Please see instruction before completing form!**

Service invoice  
 Number (if attached) \_\_\_\_\_

Return authorization number \_\_\_\_\_

<b>Date malfunctioned</b>		<b>Date repaired</b>		<b>Date form completed</b>	
<b>Model number</b>		<b>Serial Number</b>		<b>Installation date</b>	
<b>SERVICE COMPANY</b> - Contact name, Phone, Full address			<b>CUSTOMER</b> - Contact name, Phone, Full address		

**COMPLAINT:**

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Symptoms and summary of diagnosis made are required. List hours and explanation for each repair made. Give exact location of any leaks.

**Service performed** **Hours**


**Parts replaced or refrigerant used (type and amount)** **Price**


\* If the problem cannot be fixed and the unit must be replaced please call UBC to obtain an authorization number prior to sending the unit for warranty claim. Make sure to write that number on the top of this form.

**Labor Charges Summary**

Hours \_\_\_\_\_ Labor Rate per hour \_\_\_\_\_ \$ Subtotal hours \_\_\_\_\_ \$  
 Parts \_\_\_\_\_ \$ **GRAND TOTAL** \_\_\_\_\_ \$

**CUSTOMER SIGNATURE** \_\_\_\_\_ **SERVICE TECHNICIAN SIGNATURE** \_\_\_\_\_