



**UBC Distribution USA, Inc.**

65 North Central Dr,  
O'Fallon, MO 63366, USA  
Tel 1-636-379-2226  
Fax 1-866-659-8904  
Toll free 1-888-808-9286  
info@beer-co.us  
www.beer-co.us

**FAULTY SERVICE CALL AUTHORIZATION FORM**

**ALL FIELDS MUST BE COMPLETELY FILLED OUT**

If dispatched service technician determines that the problem with the equipment is not covered under UBC Limited Product Warranty then the end user for the equipment will be financially responsible for the service call.

UBC Group is not responsible for equipment which is not installed according to guidelines, equipment used in non-approved conditions (including but not limited to ambient conditions, dedicated power circuit, and required clearance). In addition UBC is not responsible for parts or products damaged from mistreatment, disregard, revision, accident, unauthorized service, mishandling, or any damage caused by transportation, and normal wear and tear.

By signing this form you are acknowledging that if your product falls into one of the above categories than you will be financially responsible for the service call in its entirety.

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



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## WARRANTY CLAIM FORM

ALL FIELDS MUST BE COMPLETELY FILLED OUT

Authorization number is required before any repairs or returns can be made

Service invoice

Number (if attached) \_\_\_\_\_

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

Party To Be Reimbursed:

<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:

\_\_\_\_\_

\_\_\_\_\_

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

\* All replacement parts must be returned to UBC Group. Returned parts must include authorization number and serial number on box.

### Labor Charges Summary

Hours \_\_\_\_\_

Labor Rate per hour \_\_\_\_\_ \$ Subtotal hours \_\_\_\_\_ \$

Parts \_\_\_\_\_ \$

**GRAND TOTAL** \_\_\_\_\_ \$

CUSTOMER SIGNATURE \_\_\_\_\_

SERVICE TECHNICIAN SIGNATURE \_\_\_\_\_