

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

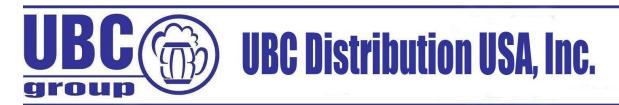
ALL FIELDS MUST BE COMPLETELY FILLED OUT

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	



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

WARRANTY CLAIM FORM

ALL FIELDS MUST BE COMPLETELY FIILLED 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: Date malfunctioned Date repaired Date form completed Model number Serial Number **Installation date SERVICE COMPANY -** Contact name, Phone, Full address **CUSTOMER** - 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 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**

CUSTOMER SIGNATURE SERVICE TECHNICIAN SIGNATURE

Hours______\$ Labor Rate per hour_____\$ Subtotal hours_____\$

Parts \$ GRAND TOTAL____\$