

Date: _____

Benoist Brothers Warranty Claim

Bring this completed form along with the failed part to any Benoist store for processing

Company Name: _____
Street: _____
City State Zip: _____
Phone: _____

Homeowner Name: _____
Street: _____
City State Zip: _____
Phone: _____

Failed Part

Sales Order or Invoice Number: _____
Original Unit Install Date: _____
Failed Date: _____
Manufacturer: _____
Unit Model Number: _____
Unit Serial Number: _____
Failed Part Number: _____
Failed Coil or Compressor: Model Number: _____
Serial Number: _____
Specific Failure Reason:

For compressors; liquid suction lines must be soldered closed to prevent oil leaks

Replacement Part

New Part Number: _____
New Part Name: _____
New Serial Number: _____
New Part Invoice Number: _____

Additional Comments:

Warranty will NOT be processed unless form is 100% Complete with all applicable information