



Warranty Form

IMPORTANT NOTE:

Completely fill out form - An incomplete form will delay processing or return may be rejected.

- > * WARRANTY CREDITS ARE SUBJECT TO FACTORY INSPECTION
- > DO NOT FIELD SCRAP PARTS OR WHOLE UNITS WITHOUT PRIOR AUTHORIZATION
- > PARTS MUST BE AUTHORIZED FOR RETURN PRIOR TO BEING SENT BACK

Date Returned _____ Goodin Order Number _____

Contractor Name _____

Address _____ City _____ State _____ Zip _____

Email _____

Person Returning (Print) _____

Signature _____

END USER INFO

Home Owner/Business Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

Goodin Returned Received by _____

UNIT INFO

Defective Model # _____ Defective Serial # _____

Replacement Model # _____ Replacement Serial # / Date Code _____

Date Installed _____ Date Failed _____

FAILED AND REPLACEMENT PART/EQUIPMENT

Defective Goodin Part # _____ Replacement Goodin Part # _____

COMPRESSOR OR COIL/UNIT CHANGE OUT INFO

Defective Compressor/Coil Model # _____ Defective Compressor/Coil Serial # _____

Replacement Compressor/Coil Model # _____ Replacement Compressor/Coil Serial # _____

FULL DESCRIPTION OF DEFECT

Please provide a detailed description of the specific issue or problem encountered with the item.

Broken or not working doesn't provide enough information.

** Include case reference or manufacturer authorization if applicable.

* Warranty credits may be issued prior to factory inspection. If warranty credit is denied by the factory, you will be rebilled for the product and documentation of factory refusal will be provided.