

STANDARD WARRANTY CLAIM

FOR OFFICE USE ONLY

Email form back to techsupport@basesolutions.com for prompt processingCLAIM AMOUNT: Submitted By: Invoice # CLAIM NUMBER: **DEALER SECTION – ANY HIGHLIGHTED AREA NEEDS TO BE FILLED OUT TO FILE CLAIM (COMPRESSOR INFO. ONLY REQUIRED IF FILLING COMPRESSOR CLAIM)**Dealer Name: Dealer #: Unit Serial Number: Unit Model #: Start Up/Install Date: Date Unit Failed: YS Letter: PO# Service Inquiry: Consumer Name: Phone #: Consumer Address: **EQUIPMENT/COIL CHANGE OUT**New Serial Number: Date Unit Installed: New Part #: **ADD PARTS** Failed Part #: New Part #: Failed Part #: New Part: Failed Part #: New Part: Failed Part #: **COMPRESSOR INFORMATION**New Compressor Serial #: Failed Compressor Serial #: **If this compressor replacement is on a 13 seer or above air conditioner or heat pump please provide the following:**Is there a TXV Valve: Yes ☐ No ☐ Is this an ARI matched system? Yes ☐ No ☐**If the system is not matched, the following information is not required. If the coil is a UPG product only the serial number is required. If the system is matched, please provide the following information:**Brand of Coil: ARI Rating: Serial # of Coil: Model # of Coil: Compressor Disposition: Scrapped ☐ Returned: ☐ Returned Date: **A PICTURE OF THE FAILED COMPRESSOR TAG MUST ACCOMPANY ALL COMPRESSOR CLAIMS – IF THIS IS NOT INCLUDED THE CLAIM WILL BE DELAYED/DENIED.****ADD LABOR/ALLOWANCES*****ANY LABOR/ALLOWANCES ARE SUBJECT TO AN AUDIT**Requested Labor Amount: \$ Requested Part Amount: \$ Requested Crane Amount: \$ **Attach Invoice from Crane Co.**Requested Refrigerant Amount: \$ Requested Compressor Core Amount: