



Please Print Clearly

Warranty Parts Claim Form

PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION COMPLETELY AND ACCURATELY.

INCOMPLETE FORMS CANNOT BE PROCESSED AND REIMBURSEMENTS WILL BE DELAYED.

ALL information requested below.

Date: _____

Company Name: _____ Tech: _____ Phone: _____

Homeowners Name: _____ Homeowners Address: _____

Reason for Warranty – Description of part failure

* _____ *

Replacement Part # _____ Description: _____

Original Part # _____

Description: _____

Stat Date Code: _____

Labor Request: _____

Equipment Model # _____ Unit Serial # _____

Install Date: _____

Fail Date: _____

Failed Compressor Model # _____ Failed Compressor Serial # _____

New Compressor Model # _____ New Compressor Serial # _____

*******HERCULES INTERNAL USE ONLY*******

Customer PO: _____

Original Sales Order Number: _____

Replacement Sales Order Number: _____

Case Number (if applicable): _____

Hercules Employee: _____

Date Received: _____

Date Warranty Monitor received: _____