



Email: hvacwarranty@ferguson.com

Branch Location number:

Warranty Claim Form

IMPORTANT!! Information required in sections 1 through 8 must be filled out **completely and accurately** Incomplete forms will be returned and not processed (Compressor replacement require both the failed and replaced compressor serial number)

1	Month	Day	Year
Date Installed			
Date of Service			

2	Failed Unit Info	Indoor and Outdoor
Model Number		
Serial Number		
Model Number		
Serial Number		
Invoice #		

3	Dealer Name			
Address				
City		ST		Zip
HVAC License# (required)		Dealer Phone#		
4	Homeowner Name			
Address				
City		ST		Zip
Home Owner Phone #				
Customer PO/Ref #				

5	Claim Type (Check applicable)		
Part claim	<input type="checkbox"/>	Over the counter	<input type="checkbox"/>
		Full Unit replacement (approval required)	<input type="checkbox"/>

6	Failed Part #	Failed Part Serial #
Replacement Part #		Replacement Part Serial #
Reason for Failure (Be Specific)		

7	Failed Part #	Failed Part Serial #
Replacement Part #		Replacement Part Serial #
Reason for Failure (Be Specific)		

8	Failed Part #	Failed Part Serial #
Replacement Part #		Replacement Part Serial #
Reason for Failure (Be Specific)		

Warranty Information (please refer to the unit warranty document for further information)

Residential - 5 year parts (Exclusion: Heat Exchanger 80+ single stage _ 10 years/ 80+2 stage and 95+ units _15 years)

Commercial - 1 year parts /1year heat Exchanger

Mini-split Residential - 10 parts/No Labor Mini-Split Commercial - 5 year parts/No Labor

Office Use Only			
FEL Customer Account #		Replacement Part purchased Invoice #	
Date Submitted:		Service Bulletin#	Labor
Trilogie Branch log on Name:			
Ferguson CM#		Durastar Claim#	
Sales Associate Name		Settlement Number	