



# LIQUID DISPENSE WARRANTY CLAIM FORM

All fields must be completely filled out and an authorization number is required before any repairs or returns can be made.

Service invoice Number \_\_\_\_\_ Return authorization number \_\_\_\_\_

Date malfunctioned	Date repaired	Date form completed
Model number	Serial Number	Installation date
SERVICE COMPANY - Contact name, Phone, Full address		CUSTOMER - Contact name, Phone, Full address

### COMPLAINT:

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Symptoms and summary of diagnosis made are required. List hours and explanation for each repair made. Give exact location of any leaks. Attach pictures of defects if applicable

Service performed – Parts replaced or refrigerant used	Hours & Price

All replacement parts must be returned to LIQUID DISPENSE. Returned parts must include authorization number and serial number on box.

### Labor Charges Summary

Hours \_\_\_\_\_ Labor Rate per hour \_\_\_\_\_ Subtotal hours \_\_\_\_\_