



Benoist Brothers Warranty Claim

Bring this completed form along with the failed part to any Benoist store for processing

Dealer

Name: _____
Street: _____
City State Zip: _____
Phone: _____

Homeowner

Name: _____
Street: _____
City State Zip: _____
Phone: _____

Failed Part

Sales Order or Invoice Number: _____
Install Date: _____
Failed Date: _____
Manufacturer: _____
Model Number: _____
Serial Number: _____
Failed Part Number: _____

Failed Coil or Compressor Serial Number (if applicable): _____

Specific Failure Reason:

****For compressors; liquid suction lines must be soldered closed to prevent oil leaks****

Replacement Part

New Part Number: _____
New Part Name: _____
New Serial Number: _____

Send Check To:

Credits will be automatically applied to Dealers Account. Fill this information out only if needed or address is different.

Name: _____
Street: _____
City State Zip: _____

Additional Comments:

Benoist Use Only

Date Received: _____