

Limited Warranty Claim Form

(fill out completely)

Summit claim SunTherm claim
 Mortex claim Other claim

Name of Installing Contractor: _____

Address: _____

City, State, Zip: _____

Phone: _____

date purchased: _____ Eqpt purchased from: _____

Name of Customer: _____

Address: _____

City, State, Zip: _____

Phone: _____

installation date: _____

condenser unit: _____

indoor coil model: _____

serial number: _____

Describe the nature of the failure: _____

Date of failure: _____

Action taken to correct problem: _____

Contractor service ticket# _____ labor claim: _____

Contractor signature: _____

affix
Summit
serial number label here

note: label from case WITHOUT serial number
DOES NOT APPLY

affix
MORTEX
Blower or Coil
serial number label
HERE

Mail to:
MORTEX Products
501 Terminal Rd.
Ft. Worth, TX
76106
attn: WARRANTY

For Warranty Department

RGA# _____

Authorized signature: _____