



Warranty Claim Registration Form

Company _____

Name _____ Date _____

Address _____ Office Number _____

_____ Cell Number _____

City _____ Fax Number _____

State/ Province _____ Zip/ Postal Code _____ Email _____

Defective Parts Claim

Unit Model Number _____ Electrical _____ V HZ Phase

Unit Serial Number _____

Use the following Codes to Describe the Reason for Returning the Part(s)

- (1) Defective Part
- (2) Other _____
- (3) Other _____

Item #	Code #	Quantity Being Returned	Manufacturer	Part/Model Number	Edwards Part Number (CV)
1					
2					
3					
4					
5					
6					

Warranty Department
 101 Alexander Ave.
 Pompton Plains, NJ 07444

973-835-2800 Ext. 328
 973-835-3222 Fax
 warranty@chillersolutions.com

 Signature