

## 4850 Golden Parkway, Suite B 409 Buford, GA 30518

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## **CONDENSATE WARRANTY RETURN FORM**

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Model #	Purchase Date	Original PO#	INV#	Install Date	Failed Date	Serial Number	Unit Pric
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\*\*Please mail this original form in to the address above to process your warranty replacement. No emails or faxes will be processed.\*\*