SHORE DISTRIBUTORS, INC

WARRANTY SERVICE CREDIT APPLICATION

DEALER NAME:	DATE:	RGA:

CUSTOMER INFORMATION

FIRST:	LAST:	
STREET:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

WARRANTY TYPE

☐ STANDARD ☐ SERVICE PARTS ☐ SERVICE BULLETIN ☐ PRE-AUTHORIZATION

APPLICATION TYPE

☐ RESIDENTIAL ☐ MULTI-FAMILY / RENTAL ☐ COMMERCIAL ☐ SHIPPING DAMAGE

UNIT INFORMATION

16 DIGIT PRODUCT #		SERIAL #
INSTALL DATE:	FAILED DATE:	REPAIR DATE:
OPT. CONTRACT #:	BULLETIN / AUTHORIZATION #:	
ORIENTATION: ☐ VERT ☐ HORZ ☐ DOWNFLOW	FUEL TYPE: ☐ ELECTRIC ☐ NATURAL GAS ☐ LP GAS	
LOCATION: ☐ CRAWL ☐ BSMNT ☐ ATTIC ☐ GARAGE ☐ CLOSET ☐ OUTDOOR ☐ ROOFTOP		

PART NUMBER	**QTY.**	**INVOICE NUMBER**	**PART SERIAL #**
FAILED:			
REPLACED:			
FAILED:			
REPLACED:			
FAILED:			
REPLACED:			
FAILED:			
REPLACED:			

EXPLANATION OF FAILURE:

SERVICE PERFORMED:

ATTENTION:

To obtain credit, this application MUST be filled out COMPLETELY and submitted within 30 days of repair date.

*Shipping costs are not covered under warranty

*Compressors must be sealed by brazing

*Coils must have a leak detection picture

1/1/2026