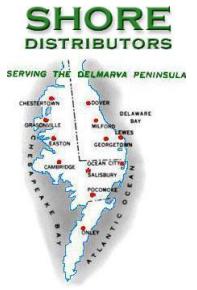


SHORE DISTRIBUTORS

WARRANTY SERVICE CREDIT APPLICATION

ATTENTION: To obtain proper warranty credit for service repair parts, this application MUST be filled out COMPLETELY and submitted within 30 days of repair date. Failure to submit this completed form within 30 days of repair, along with defective parts will forfeit any warranty credits due.



CONTRACTOR NAME:	DATE:
SERVICE TECHNICIAN NAME:	

HOMEOWNER INFORMATION

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

WARRANTY TYPE

STANDARD	SERVICE PARTS	SERVICE BULLETIN
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APPLICATION TYPE

RESIDENTIAL	MULTI FAM/RENT	COMMERCIAL
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UNIT INFORMATION

16 DIGIT PRODUCT #	SERIAL #	
INSTALL DATE:	FAILED DATE:	REPAIR DATE:

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

REASON CUSTOMER CALLED FOR SERVICE

SERVICE PERFORMED

****COMPRESSORS MUST BE SEALED BY BRAZING****