

COIL CLAIM FORM

Reference #: _____ Date: _____

Distributor Name: _____ Contact: _____

Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

Contractor: _____ Install Date: _____

Job Name: _____ Fail Date: _____

Model #: _____ Serial #: _____

Replacement Coil Model #: _____ Replacement Coil Serial #: _____

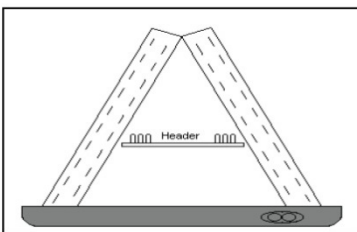
Homeowner Name: _____

Address: _____

City, State & Zip: _____

Reason for Return (Detailed description of defect — if leak, indicate location on drawing below):

This order cannot be processed without the full model number and serial number of the unit.



Circle:
Front
Rear
Left
Right

PLACE LABEL HERE

Please mail, fax or email completed forms to:
Advanced Distributor Products
Attn: Kay Barkley
1995 Air Industrial Park Road, Grenada, MS 38901
kay.barkley@adpnow.com

The Coil may be Field Scrapped

No full coil credit given for cracked drain pans.
Replacement pans are available for stock.