

**ALL WARRANTY CLAIMS MUST BE SUBMITTED WITHIN 45 DAYS FROM THE DATE OF REPAIR.
FAILURE TO DO SO WILL RESULT IN A WARRANTY CLAIM DENIAL. NO EXCEPTIONS.**



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**** ALL (*) AREAS ON THIS CLAIM FORM NEEDS TO BE FULFILLED TO PROCEED WITH YOUR WARRANTY. THANK YOU. ****

* CUSTOMERS NAME: _____ * CLAIM DATE: _____
* CUSTOMERS ADDRESS: _____ * CITY: _____
* STATE: _____ * ZIP _____ * CUSTOMER PHONE NUMBER: _____
* CONTRACTORS NAME: _____
* CONTRACTORS ADDRESS: _____ * CITY: _____
* STATE: _____ * ZIP: _____ * CONTRACTORS PHONE#: _____
* FUJITSU CASE NUMBER: _____
* **UNIT MODEL NUMBER:** _____ * **UNIT SERIAL NUMBER:** _____
* DATE OF **UNIT INSTALLATION** : _____
* DATE OF **PART FAILURE** : _____
* DATE OF **PART REPLACEMENT** : _____

**** ONLY (4) PARTS ALLOWED PER WARRANTY CLAIM FORM ****

* 1) PART NUMBER: _____ * DESCRIPTION OF PART: _____
* 2) PART NUMBER: _____ * DESCRIPTION OF PART: _____
* 3) PART NUMBER: _____ * DESCRIPTION OF PART: _____
* 4) PART NUMBER: _____ * DESCRPTION OF PART: _____
* **CAUSE OF PART FAILURE** : _____
* MOTORS & COMPRESSORS, PLEASE PROVIDE NEW MODEL NUMBER: _____
* **SERIAL NUMBER OF NEW COMPRESSOR OR COIL** : _____
* **SERIAL NUMBER OF OLD COMPRESSOR OR COIL** : _____
* NEW PART PURCHASED INVOICE NUMBER: _____ * INVOICE DATE: _____
* LOCATION OF UNIT/JOB NAME: _____
* DEFECTIVE PART NUMBER: _____

**** THIS PORTION TO BE COMPLETED BY ADMOR WARRANTY DEPARTMENT ****

REFERENCE CLAIM#: _____ CREDIT INVOICE#: _____
CREDIT OTHER: _____
DEBIT INVOICE#: _____ CREDIT OTHER: _____

CLAIM ACCEPTED BY: _____ DATE: _____