

DISTRIBUTOR WARRANTY CLAIM FORM



This claim form must used for warranty repairs.

Midea America Corporation

11800 NW 100th RD
Suite 4
Miami, FL 33178
Telephone: (305) 591-8460
Fax: (305) 591-8451

Claim Number	
Date of Claim	
Completed By	

Customer's Name:	DISTRIBUTOR	
Address:	NAME	
	ACCOUNT #	
Telephone:	Tel #:	
Fax:	Fax #:	

Product Information:

Condenser Model #		Install Date	
Condenser Serial #		Repair Date	
Indoor Unit Model #		Install Date	
Indoor Unit Model #		Repair Date	

Customer Complaint	
Repair(s) Done:	

Claim Type (check one):

Compressor Replacement (Y/N) Compressor Purchase(Y/N) Parts Replacement Product Replacement

COMPRESSOR INFORMATION

Old Compressor Serial No.	New Compressor Serial No.

None Compressor Parts

Replacement Parts Number(s)	Replacement Part Name(s)	Qty	Description(s) of Failure

Part Disposition, check one (all claims with parts)

Held at Distributor Returned to Midea America Destroy in Field

Midea reserves the right to ask for the part to be returned for inspection. Freight for returned item(s) is at the expense fo the distributor. Further explanation of failure(s) and/ or repair(s) conducted may be required. Credit for accepted warranty claims will be applied to distributor's account towards any open balance(s).

RETURNED PRODUCTS / COMPONENTS MUST BE SHIPPED TO: Midea America Corporation, 11800 NW 100th Rd., Suite 4, Miami FL, 33178