



WARRANTY ADMINISTRATOR: Sonya Bounds
sbounds@aeshvacinc.com
410-390-5363 option 3 Fax: 410-390-5431

Required to file a warranty claim. Warranty coverage is authorized for the original homeowner only unless a warranty transfer form is on file with the manufacturer.

DATE: [REDACTED]

AES INVOICE # (REQUIRED): [REDACTED]

SERVICING DEALER'S INFORMATION

COMPANY: [REDACTED]

ADDRESS: [REDACTED]

CONTACT: [REDACTED] PHONE: [REDACTED]

CUSTOMER'S WARRANTY INFORMATION

CUSTOMER NAME: [REDACTED]

ADDRESS, CITY, ST, ZIP: [REDACTED]

CUSTOMER'S PHONE #: [REDACTED] EMAIL: [REDACTED]

UNIT MODEL #: [REDACTED] UNIT SERIAL #: [REDACTED]

ORIG INSTALL DATE: [REDACTED] FAIL DATE: [REDACTED]

ISSUE/COMPLAINT: [REDACTED]

(PROVIDE DETAILS) [REDACTED]

CORRECTION: [REDACTED]

PART #: [REDACTED]

REPAIR DATE: [REDACTED] DEALER PO: [REDACTED]

REFRIGERANT USED YES / NO TYPE: [REDACTED] QUANTITY: [REDACTED]

****BOTH SERIAL NUMBERS AND A PHOTO OF THE DATA PLATE ARE REQUIRED FOR COMPRESSOR CLAIMS****

OLD COMPRESSOR SERIAL #: [REDACTED]

NEW COMPRESSOR SERIAL #: [REDACTED]

