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 YORK.

DATE:

AES INVOICE # OR DELIVERY #:

SERVICING DEALER'S INFORMATION

COMPANY:

ADDRESS:

CONTACT: PHONE:

CUSTOMER'S WARRANTY INFORMATION

CUSTOMER NAME:

ADDRESS, CITY, ST,ZIP:

CUSTOMER'S PHONE #:

UNIT MODEL #: UNIT SERIAL #:

ORIG INSTALL DATE: FAIL DATE:

ISSUE/COMPLAINT:

CAUSE:

CORRECTION:

PART #:

REPAIR DATE: DEALER PO:

ALL 3 SERIAL NUMBERS BELOW ARE REQUIRED FOR COMPRESSOR CLAIMS. IF YOU HAVE POSSESSION OF THE OLD COMPRESSOR, A PICTURE OF THE SERIAL # PLATE IS REQUIRED WITH THIS FORM.

OLD COMPRESSOR SERIAL #:

NEW COMPRESSOR SERIAL #:

AIR HANDLER OR COIL SERIAL #: