



# Warranty Claim Submittal

Fax Claim to: 1-866-475-4968  
Email to: hrpdwcr@heatcraftrpd.com  
Phone Inquiries: 1-800-321-1881

Claim Submittal Date  
Claim Invoice or Debit #

**Certified Contractor**

Contact Name

Address 1

Address 2

City

State

Zip

E-mail

Phone

Orig. Installation Date:

Repair /Service Date:

## Heatcraft Equipment Model Numbers

## Heatcraft Equipment Serial Numbers

**Warranty description must be provided on all claim submittals.**

**CLAIM TYPE**

- Part failure
- Other

**WARRANTY DESCRIPTION**

Please specify part number or description and provide specific reason for failure

**NOTE:** All claim submittals must include itemized invoices with description of problem and work performed. Failure to provide this required information will either delay or void any potential payments.

Number of documents	Invoice attached	Service ticket(s)	Photos attached
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Material	\$
Tax	\$
Total Claim Amount	\$

**Important notice:**

Be advised that all submitted claims will be subject to review with possible adjustments or denial by heatcraft as per all applicable terms under the certified contractor's extended warranty program.



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