



Please Submit form in "pdf" format, including proof of purchase

Date Form Completed:

CHECKLIST FOR WARRANTY COMPRESSOR REPLACEMENT

All blocks in red are required

Email: techsupport@entree.biz

Company Name _____ Phone # _____

Technician Name _____ **REQUIRED FILL** Supervisor Name _____

REQUIRED FILL

Model # _____ **REQUIRED FILL** Comp. Model # _____

REQUIRED FILL

Serial # _____ **REQUIRED FILL** Comp. Serial # _____

Voltage _____ Voltage/Start Up At Compressor: _____

Amperage _____ Amperage/Start-Up: _____

Suction Pressure _____ Is Condenser Dirty? YES NO

High Side Pressure _____

What Is Compressor Failure?

_____ Locked rotor. If locked rotor, list the LRA rating on compressor tag and the amp draw when compressor tries to start:

TAG

ACTUAL

_____ Bad Valves. Fill in pressure readings: Hi & Lo _____

_____ Shortened to ground

_____ Shortened windings

_____ Non-pumper

_____ Open windings

_____ Dirty/Burned Out

_____ Noisy

SHIP TO: (Need complete shipping address, company name, street, city, state, and zip code)

REQUIRED FILL

Business Name:

Street address:

City:

State:

Zip Code:

Phone Number for Freight Charges:

Phone number: (Phone number required for credit card information) DO NOT SUPPLY CREDIT CARD INFO ON THIS FORM!!!

A copy of the original equipment's bill of sale must accompany this form. It must have the name of the selling dealer, complete name, address and phone number of the customer including date of sale. All must be clearly legible.

Compressor Warranty provides one (1) compressor only, freight is not included. Include shipping information and phone number for freight charges.

(This form can be completed and saved before returning to Entrée. Be sure to save before sending, otherwise data will be lost.)