



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

\_\_\_\_\_ Dirty/Burned Out \_\_\_\_\_ Open windings

\_\_\_\_\_ \_\_\_\_\_ 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.)