



DATE: _____

WARRANTY COMPRESSOR FORM:

Submit form by email to: techsupport@entree.biz

Service Company Name: _____ Phone Number: _____

Business Company Name: _____ Phone Number: _____

Technician Name: _____ Customer Name: _____

Unit Model Number: _____ Unit Serial Number: _____

Compressor Model #: _____ Compressor Serial #: _____

Attach a picture of the front of the condenser coil. Attach a copy of the proof of purchase.

CAUSE OF COMPRESSOR FAILURE: **Must select a cause of failure and record readings.**

Locked Rotor: Amp Draw: _____ Voltage: _____ Capacitor MFD: _____

Shorted to Ground (Ohms): C to Ground: _____ S to Ground: _____ R to Ground: _____

Shorted Windings (Ohms): C to S: _____ C to R: _____ R to S: _____

Open Windings (Ohms): C to S: _____ C to R: _____ R to S: _____

Defective Valves: Low Side Pressure: _____ High Side Pressure: _____

Amp Draw: _____ Voltage: _____ Box Temp: _____

Non-Pumper: Low Side Pressure: _____ High Side Pressure: _____

Amp Draw: _____ Voltage: _____ Box Temp: _____

SHIP TO INFORMATION: **(Service company or Business location shipping information).**

Service company or Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number for Freight Charges (Do not supply credit card information): _____

A copy of the original equipment's bill of sale must and a picture of the front of the condenser coil must be attached to the email to process the claim. This compressor warranty does not cover the installation charges nor the shipping charges (Part Only). This compressor warranty only provides one (1) replacement compressor.