

WARRANTY REQUEST FORM



Fill out this form as completely as possible to avoid any delays in processing.
Some manufacturer policies require pictures, attach relevant pictures to this form when submitting.

_____ Check all boxes that apply _____

Replacement Parts Return Authorization Labor CREDIT

Date Submitted: _____

Customer Reference No: _____

Consumer: (Required by R.H.Peterson, Recommended for other Manufacturer policies)

Name _____

Street Address: _____

City _____ State: _____ Zip Code _____

Telephone: _____

Contact: _____

Dealer:

Name _____ Salesperson _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: _____ Fax _____

Contact: _____ Email _____

Distributor:

Name Ray Murray, INC

Street Address: 50 LIMESTONE RD

City LEE State MA Zip Code 01238

Telephone: 800-628-5044 Fax 800-243-8341

Contact Attn: Email _____

SERVICED UNIT

Model Number _____	Serial No _____
Product Description _____	Service Date _____
Date Installed _____	Homeowner _____
Invoice Number _____	

Detailed Problem Description and service Performed: _____

NO.	PART NO.	DESCRIPTION	QTY	COST	TOTAL
1					
2					
3					
4					