

# WARRANTY CLAIM FORM

For Goodman® Brand Units mail to:  
Goodman Manufacturing Company, L.P.  
Warranty Administration  
7401 Security Way  
Houston, Texas 77040

For Amana® Brand Units mail to:  
Goodman Company, L.P.  
Warranty Administration  
1810 Wilson Parkway  
Fayetteville, Tennessee 37334

Press Firmly, Bear Down

**IMPORTANT!!** INFORMATION REQUIRED IN SECTIONS 1 THROUGH 9 MUST BE FILLED OUT  
**7756124** COMPLETELY AND ACCURATELY. INCOMPLETE CLAIMS CANNOT BE  
PROCESSED AND REIMBURSEMENTS WILL BE DELAYED.

Check One:  Product Warranty  Extended Warranty  Part Warranty  Special Labor Allowance

<b>1</b>	MONTH	DAY	YEAR				
DATE INSTALLED							
DATE OF SERVICE							
<b>2</b>	MODEL NUMBER						
SERIAL NUMBER							
(OUTDOOR) MODEL NUMBER							
(OUTDOOR) SERIAL NUMBER							
<b>5</b>	DISTRIBUTOR NAME NUMBER						
<b>3</b>	SERVICE CONTRACTOR ADDRESS						
CITY		STATE			ZIP		
CONTRACTOR NUMBER							
<b>4</b>	CUSTOMER NAME ADDRESS						
CITY		STATE			ZIP		
AREA CODE		PHONE NUMBER					
<b>6</b>	PROJECT CODE / SPECIAL AUTHORIZATION NO.			**COMPONENT CAUSE CODES			
				COMPONENT		CAUSE	
<b>7</b>	PARTS AND MATERIALS						
FAILED PART NO.		REPLACEMENT PART NUMBER		DESCRIPTION		QTY.	CREDIT/REPLACE
COMPRESSOR / MOTOR		FAILED SERIAL		NEW SERIAL		SERVICE PERFORMED	
<b>8</b>	REASON FOR FAILURE			<b>9</b>	NEW SERIAL SERVICE PERFORMED		

<b>10</b>	EXTENDED SERVICE CONTRACT NO.	EXPIRATION DATE	
<b>11</b>	PARTS SOURCE	<b>12</b>	SPECIAL LABOR ALLOWANCE
* PARTS PURCHASE INVOICE NO.		CREDIT/CHECK AMOUNT	
CREDIT MEMO		UNIT REPLACEMENT AMOUNT	
PRF/DEBIT NO.		MILEAGE/CARTAGE	

<b>13</b>	<b>Factory Use Only</b>

I HEREBY CERTIFY THE SERVICE SHOWN HAS BEEN PERFORMED AND PURCHASE DATE VERIFIED.		
<b>14</b>	SERVICE TECHNICIAN SIGNATURE X _____	DATE
<b>15</b>	DISTRIBUTOR/BRANCH SIGNATURE X _____	DATE

\* SERVICERS MUST PROVIDE COPY OF PARTS INVOICE

\*\* SEE REVERSE FOR COMPONENT/CAUSE CODES