

Return Material Authorization Form

IMPORTANT: Please complete the entire form. • Hold compressor and parts until Air Purchases tells you otherwise. • All claims must be submitted within 30 days of your receiving the replacement parts or claims may be denied or delayed.

Dealer Info

Business Name _____ Contact Name _____

Type of Return (Check One)

Original Equipment Warranty Parts Return

Defective Replacement Parts Return

Part # _____ Serial # (If compressor/motor) _____

Equipment Information

Model# _____ Serial # _____

Case# _____ (Required for any unit exchange)

Unit Date of Installation: ____/____/____

Date of Failure: ____/____/____

Explanation of Failure: Please provide a detailed description of the failure _____

Homeowner Name (Required): _____

Homeowner Address (Required): _____

Return parts along with your completed form to:

Air Purchases, Inc. Attention: Warranty Department 24 Blanchard Road Burlington, MA 01803, or bring them into any one of our five branch locations.