

## 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# \_\_\_\_\_ (If provided by Tech Support)

Unit Date of Installation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Failure: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Explanation of Failure:** Please provide a detailed description of the failure \_\_\_\_\_

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Homeowner Name (Required): \_\_\_\_\_

Homeowner Address (Required): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Return completed form via email to Sharon Mangano at [smangano@airpurchases.com](mailto:smangano@airpurchases.com)  
or fax it to Sharon's attention at 781-229-0207.