



24 Blanchard Road | Burlington, MA 01803
Phone: 781-273-2050 |

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 _____

Contact Phone: _____

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: ___/___/___

Does this unit contain extended labor coverage? Yes ___ No ___

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

Homeowner Name (Required): _____

Homeowner Address (Required): _____

City _____ State _____ ZipCode _____

Return completed form to Sharon Mangano at sharon.mangano@airpurchases.com