



GERSTER EQUIPMENT COMPANY

WARRANTY PARTS RETURN FORM

DEALER: _____ JOB NAME: _____

EQUIPMENT INSTALLATION ADDRESS: _____

INSTALL DATE: _____ FAIL DATE: _____

DEFECTIVE UNIT
UNIT MN: _____ UNIT SN: _____
(if applicable)

FAILURE DESCRIPTION: _____

DEFECTIVE COMPRESSOR SN: _____

REPLACEMENT UNIT
UNIT MN: _____ UNIT SN: _____

REPLACEMENT COMPRESSOR SN: _____

DATE DEFECTIVE PART RETURN TO OFFICE: _____ VIA: _____

CHECK BOX THAT APPLIES

_____ REPLACEMENT PART TAKEN FROM DEALER INVENTORY PLEASE REPLACE

_____ ALREADY RECEIVED REPLACEMENT PART

_____ FOR ASPEN COILS - IS SERIAL TAG BEING RETURNED WITH COIL?

_____ SUBMITTED BY