

# Warranty Data Collection Sheet

<b>Distributor Name:</b> <b>Gorman Industries Inc.</b>
<b>Distributor Contact Phone #:</b> 505-247-1596 <b>Name:</b> Rick McKinnon
<b>Debit Memo #:</b>
<b>Dealer Name:</b>
<b>User Name &amp; Address:</b> (Street, City, State, & Zip Code)
<b>Unit Model Number:</b>
<b>Unit Serial Number:</b>
<b>Date Unit Installed:</b>
<b>Failed Part Number:</b> (Description)
<b>Failed Part Serial Number:</b> (Compressor & Indoor Coil Only)
<b>Date Part Installed:</b> (If different than unit installation)
<b>Date Part Failed:</b>
<b>Nature of Failure:</b>
<b>Replacement Part Number:</b> (Description)
<b>Replacement Part Serial Number:</b> (Compressor & Indoor Coil Only)

## Customer Service and Support