

ICETRO AMERICA's WARRANTY LABOR CLAIM



ATTN: Claims Processing

Optional Reference No. _____

Email to jason.m@icetroamerica.com

Service companies Invoice Number _____

Telephone: (714) 215 4864

Date Failed

Date Form Completed

Date Repaired

Important: Serial numbers of ALL products serviced required	Model No.	Serial No.	Install Date
Ice Machine / Soft Serve Ice Cream Machine / Slush Machine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Related system components (bin, remote condenser.)			

DISTRIBUTOR	SERVICE COMPANY	CUSTOMER
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	Company Name	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Address	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
City, State, Zip	City, State, Zip	City, State, Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code & Telephone No.	Area Code & Telephone No.	Area Code & Telephone No.
<input type="text"/>	Did you sell this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this equipment leased by you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Customer location is required for all claims, including leased equipment

Reported Complaint

Service Performed (Symptoms and/or summary of diagnosis made is required. List hours and explanation for each repair made. Give exact location of any leaks.)

	Hours
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total hours _____ X Labor rate per hour _____ = **LABOR CHARGES** U.S. \$ _____
 (If applicable: State the reason why you **did not** reuse remote refrigerant charge) _____

Type of Refrigerant used _____ Amount of refrigerant used _____ X Refrigerant Allowance = \$1.75/oz U.S. \$ _____

Miscellaneous material up to \$45.00 for repairs requiring opening of refrigeration system (includes brazing supplies, vacuum pump, recover equipment, etc.) = **MISCELLANEOUS** U.S. \$ _____

SPECIAL AUTHORIZATION number _____ **ICETROPARTS** U.S. \$ _____
 (Contact Factory for authorization number ONLY when outside warranty guidelines) **TAX** (if applicable) _____% U.S. \$ _____

INVOICE TOTAL CHARGE U.S. \$ _____

List All Parts Replaced			Shaded Area for Factory Use ONLY		
All warranty parts, including driers, are to be obtained from and returned to Ictetro America, Inc					
List IctetroUSA Part Numbers Replaced	Description of Part	Part Cost (if purchased)	Account	Code Description	Dollar Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Approved by _____		Date _____

Signatures Required (or attach service's original invoice with signatures)

CUSTOMER OR LESSEE SIGNATURE

SERVICE TECHNICIAN SIGNATURE (Technician making refrigeration system repairs must be certified per EPA requirements)

Date signed

Date signed