

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.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

DISTRIBUTOR	SERVICE COMPANY	CUSTOMER
<input type="text"/> <small>Company Name</small>	<input type="text"/> <small>Company Name</small>	<input type="text"/> <small>Name</small>
<input type="text"/> <small>Address</small>	<input type="text"/> <small>Address</small>	<input type="text"/> <small>Address</small>
<input type="text"/> <small>City, State, Zip</small>	<input type="text"/> <small>City, State, Zip</small>	<input type="text"/> <small>City, State, Zip</small>
<input type="text"/> <small>Area Code & Telephone No.</small>	<input type="text"/> <small>Area Code & Telephone No.</small>	<input type="text"/> <small>Area Code & Telephone No.</small>
<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 _____ **TAX** (if applicable) _____% U.S. \$ _____
(Contact Factory for authorization number ONLY when outside warranty guidelines) **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 Icetro America, Inc			Account	Code Description	Dollar Amount
List Icetro America Part Numbers Replaced	Icetro America Return Material Tag Number	Description of Part			
<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"/>	Approved by	Date	

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

CUSTOMER OR LESSEE SIGNATURE **DATE signed**

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