



*Air Conditioners*

Dealer Account \_\_\_\_\_ REF# / PO# \_\_\_\_\_  
 Dealership \_\_\_\_\_ Contact \_\_\_\_\_  
 Dealer Phone # \_\_\_\_\_  
 Dealer Fax # \_\_\_\_\_  
 Customer name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Original Owner Y / N \_\_\_\_\_  
 Coach Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 V.I.N# of coach \_\_\_\_\_ PLATFORM \_\_\_\_\_  
 Repair Date \_\_\_\_\_  
 Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 Product # \_\_\_\_\_

\*\*\*\*\*All fields above must be filled out in order for the authorization to be completed

\*\*\*\*Please identify the part that failed by filling in the diagnostic information along with a DESCRIPTION OF THE PROBLEM in the comment field

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Shroud	Defect	_____	Shd color	_____
Fan Motor	AC Volts	_____	Amp Draw	_____
Evap Blower wheel	Defect	_____		
Cond. Blower whl/blade	Defect	_____		
Run Capacitor	Defect	_____		
Start capacitor/PTCR	Defect	_____		
Suction Line	Defect	_____		
Discharge line (High side)	Defect	_____		
Cap tube	Defect	_____		
Compressor	AC Volts	_____	Amp Draw	_____
	Disc Temp	_____	Outside temp	_____
Wiring	Defect	_____		
Thermostat	Part#	_____	DC Volts	_____
Control Board/Kit	Part#	_____	DC Volts	_____
Cold Control	Defect	_____		
Other	Defect	_____		

A replacement part will be shipped unless otherwise noted

Please fax completed form to : **574-389-3975**

If information is incomplete we will fax form back indicating information needed\*\*\*\*\*