

Limited Warranty Claim Form

120711

Summit/SunTherm
serial number label here

if applicable

note: label from case WITHOUT serial number DOES NOT APPLY
Carton label DOES NOT APPLY
unit label is not required for parts claims

RGA#

Return completed claim form to:

NV Eco Vision Sales Inc.

105 Haist Ave. Unit 10

Vaughan, ON

ph: 905-264-0038

fax: 905-264-0092

email: warranty@ecovisionsales.ca

Only Mortex Authorized Distributor claims are accepted.

Claim forms mailed to ANY other address will be disallowed and discarded.

Claims from anyone other than a Mortex Authorized Distributor are unacceptable and will be returned to the Distributor for completion.

Please allow 60-90 days for processing.

Complete serial number (sn) of UNIT claimed is REQUIRED information

Furnace/AHU model/sn if applicable...

Evaporator coil model/sn.....

MH blower model/sn.....

Condensing unit (required for HP application)...

Condensing unit s/n if applicable.....

Original Install date (required).....

Date of failure.....

Describe the nature of the failure....

Failed part.....

Date serviced.....

Action taken to correct problem....

Replacement Part (& sn, if applicable)

Consumer (homeowner) **name/phone.....**

Address, city, state, zip.....

original equipment purchase date.....

Servicing Contr. (company)/**phone #.....**

Address, city, state, zip.....

contractor signature.....

Wholesale Distributor/city,state.....

return fax # for further instructions

RMO/DM# (include copy) if applicable

Please allow 60-90 days for processing. **Claimant signature:**

For Warranty Department use only