



**Colgijan Merault Ltd**

**Colgijan Merault Limited Warranty Claim Form**

Fields marked with \* are mandatory

Warranty Code

Customer Purchase Order Number \*

Sales Order Ref

**Contact Information: \***

Company Name \*

Customer Acc Number

Contact Name \*

Telephone Number \*

E-mail Address

Delivery Address \*

**Product / Spares Information \***

Model Number \*

Serial Number \*

**Connected Indoor Units (Mandatory when claiming Compressor)**

Model Number

Serial Number

Model Number

Serial Number

**Dates**

Date of purchase

Date of installation \*

Date of trouble \*



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**Installation Details**

Frequency \*

Level Difference \*

Location \*

Installation \*

Piping Length \*

Filter Drier Fitted \*

Refrigerant Type Used \*

**Trouble Details \***

Fault Code (Series 5 PCB)

**Parts to be claimed**

	Part Number	Description *	QTY	Type * (Credit or delivery)
Part 1				
Part 2				
Part 3				
Part 4				
Part 5				