



GERSTER EQUIPMENT COMPANY

# WARRANTY PARTS RETURN FORM

DEALER: \_\_\_\_\_ JOB NAME: \_\_\_\_\_

EQUIPMENT INSTALLATION ADDRESS: \_\_\_\_\_

INSTALL DATE: \_\_\_\_\_ FAIL DATE: \_\_\_\_\_

DEFECTIVE UNIT  
UNIT MN: \_\_\_\_\_ UNIT SN: \_\_\_\_\_  
(if applicable)

FAILURE DESCRIPTION: \_\_\_\_\_

DEFECTIVE COMPRESSOR SN: \_\_\_\_\_

REPLACEMENT UNIT  
UNIT MN: \_\_\_\_\_ UNIT SN: \_\_\_\_\_

REPLACEMENT COMPRESSOR SN: \_\_\_\_\_

DATE DEFECTIVE PART RETURN TO OFFICE: \_\_\_\_\_ VIA: \_\_\_\_\_

CHECK BOX THAT APPLIES

\_\_\_\_\_ REPLACEMENT PART TAKEN FROM DEALER INVENTORY PLEASE REPLACE

\_\_\_\_\_ ALREADY RECEIVED REPLACEMENT PART

\_\_\_\_\_ FOR ASPEN COILS - IS SERIAL TAG BEING RETURNED WITH COIL?

\_\_\_\_\_ SUBMITTED BY