



# Return/Warranty Form

Return  Warranty

Completed forms to be sent to [service@klingscorp.com](mailto:service@klingscorp.com)

- 1 Service Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_
- 2 Owner/Operator's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_
- 3 Container Number (including Prefix): \_\_\_\_\_
- 4 Unit Model Name: \_\_\_\_\_
- 5 Unit Mfg. Serial Number: \_\_\_\_\_
- 6 New Compressor/Controller/Motor serial number (if replaced): \_\_\_\_\_
- 7 Fail Date: \_\_\_\_\_
- 8 Date of Warranty work: \_\_\_\_\_

Each part repaired or replaced with:

Part Number	Description	Qty	Unit Cost	Authorized by:

9 Labor Breakdown:

Hrs	Description	Rate	Cost	Authorized by:
			\$0.00	
			\$0.00	
			\$0.00	
			\$0.00	

10 **Total Labor Cost: \$0.00**

11 Failure details, cause of failure and solution:

**\*\*NOTE\*\*** No product may be returned without prior authorization. Returns may be subject to a 20% restocking fee, possible inspection costs, and freight charges where applicable. Returns must be without damage and in original and intact packaging.

*For internal use only*

12 Warranty No: \_\_\_\_\_ PO No: \_\_\_\_\_