

# Emerson-Swan Warranty Request Form

Wholesaler Name: \_\_\_\_\_

Location/Branch: \_\_\_\_\_

Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Replacement Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Manufacture Name: \_\_\_\_\_

Defective Part #: \_\_\_\_\_

Date of original Purchased: \_\_\_\_\_ Inv/Po#: \_\_\_\_\_

Replacement Inv/PO# \_\_\_\_\_ Date: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Date Failed: \_\_\_\_\_

Reason for Defect Claim: \_\_\_\_\_

Installation Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dealer/Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_

Please: email to \_\_\_\_\_ @emersonswan.com

Or fax to attn \_\_\_\_\_ 781-986-0629

Phone # 800-346-9215 X \_\_\_\_\_

**RGA # and instructions will be sent upon receipt of completed form**