

Parts Warranty Credit Request

(For Warranties on Replacement Parts
and Parts That Have Failed on Units)

Visit <https://gal.filebound.com/portal/>

1. Enter your local store location
2. Your business name
3. Your NEW GALarson account number
4. Which supplier the failed part came from
5. Is this a residential or commercial unit
6. Your PO number
7. Enter your customer information in all of the fields (If stock, enter your information)
8. Enter the contact information for the claim (Phone number must be entered as xxx-xxx-xxxx)
9. The model number of the unit that the part failed on
10. The serial number of the unit that the part failed on
11. What type of component are you replacing (If a compressor, heat exchanger, coil, etc., please use the Equipment Warranty Credit Request form)
12. The failed and replacement part numbers
13. The date code of the part is applicable
14. Install and fail date of the part
15. Your cost for the replacement part without the tax
16. Why did the part fail
17. If Other, enter reason for failure. If a Leak, enter where it is leaking. If dented, enter where it is damaged, etc.
18. Enter your original invoice and any additional notes you want to enter
19. Check mark the terms and conditions
20. Hit the submit button

An email will be sent to the email address on the claim form with your claim number.

If any documents need to be sent for a claim, write the claim number on the document and email it to warrantydept@galarson.com.

Print your claim and attach it to the part, you will be informed if the part needs to be returned to Larson.

WARRANTY CREDIT REQUEST

Branch: 1
Contractor Name: 2
Account #: 3
Manufacturer/Supplier: 4
Full Name: 7
City: 7
State: 7
Zip Code: 7
Phone Number: 8
Submitted By: 8
Email Address: 8
Phone Number: 8
Unit Model #: 9
Unit Serial #: 10
Component Type: 11

Install Type: 5
PO#: 6

Parts Failed

Failed Part #	Replaced Part #	Date Code	Install Date	Fail Date	Price
12		13		14	15

Causes of Failure: 16
IF OTHER: 17

Additional Notes: Please add invoice # along with notes
Invoice # and Comments: 18

DISCLAIMER OF ALL WARRANTIES: LARSON MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESSED OR IMPLIED, ABOUT ANY GOODS SOLD BY LARSON.
TO BUYER AND LARSON IS NOT RESPONSIBLE FOR THE QUALITY OF SUCH GOODS WITHOUT LIMITING THE FOREGOING. LARSON MAKES NO WARRANTY OR MERCHANTABILITY AND THE GOODS ARE NOT WARRANTED TO BE FIT FOR ANY PARTICULAR PURPOSE. Any extended warranty, if any, purchased by the buyer with respects to any Goods shall be in writing signed by Larson, and shall be solely on the terms and conditions set forth therein.
MANUFACTURER'S WARRANTY: To the extent not prohibited by any applicable law or contract, Larson assigns to Buyer any warranty provided by the manufacturer of any Goods purchased by Buyer from Larson. Larson will assist Buyer in making any warranty claim with respect to such Goods and will facilitate the repair or replacement of any defective or non-conforming Goods, in accordance with the manufacturer's warranty policy and based solely upon such manufacturer's determinations and findings.
ALL CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS OF DATE. 19
ALL PARTS MUST BE HELD FOR 90 DAYS
LARSON RESERVES THE RIGHT TO BILL BACK ANY CLAIM THAT HAS BEEN DENIED BY THE MANUFACTURER OR FILED BEYOND THE 30 DAYS.

Submit

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EXTRAORDINARY SERVICE. INNOVATIVE SOLUTIONS.

Equipment Warranty Credit Request

(For Warranties on Compressors,
Heat Exchangers, Coils, Serialized Accessories
as well as Preauthorized Unit Exchanges)

Visit <https://gal.filebound.com/portal/>

1. Enter your local store location
2. Your business name
3. Your NEW GALarson account number
4. Which supplier the failed part came from
5. Is this a residential or commercial unit
6. Your PO number
7. Enter your customer information in all of the fields
8. Enter the contact information for the claim (Phone number must be entered as xxx-xxx-xxxx)
9. Date the unit was installed
10. Date the unit failed
11. What type of unit are you replacing
12. The model and serial numbers of the defective and replacement unit
13. The price you paid for the replacement unit
14. Why did the unit fail
15. Add additional notes to cause of failure
16. If a compressor claim, check mark if any of these apply (If Larson ext. warranty please enter your ext. warranty certificate number)
17. Enter your original invoice and any additional notes you want to enter
18. Check mark the terms and conditions
19. Hit the submit button

An email will be sent to the email address on the claim form with your claim number.

If any documents need to be sent for a claim, write the claim number on the document and email it to warrantydept@galarson.com.

Print your claim and attach it to the part, you will be informed if the part needs to be returned to Larson. (Please check the Warranty page on the Larson website for a list of vendors that always require parts back.)

The image shows a screenshot of the 'WARRANTY CREDIT REQUEST' form. The form is titled 'WARRANTY CREDIT REQUEST' and contains various input fields and checkboxes. Red circles with numbers 1 through 18 are overlaid on the form to indicate specific fields or sections. The form includes fields for Branch, Contractor Name, Account #, Manufacturer/Supplier, Full Name, Street Address, Address Line 2, City, State, Zip Code, Phone Number, Submitted By, Email, Phone Number, Install Date, Fail Date, Component Type, Defective Model #, Defective Serial #, Replacement Model #, Replacement Serial #, Price, Causes of Failure, IF OTHER, Additional Notes, and Cert. #. There are also checkboxes for Buy-Back, Salvage, Copeland Inspection Report, and Larson Extended Warranty. A disclaimer and manufacturer's warranty information are provided at the bottom of the form. A 'Submit' button is located at the bottom right.

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