SELECT MARKETING & DISTRIBUTING

SERVING MID-AMERICA

Warranty Claim Form

Service Dealer: _____

Address: _____

Phone Number: _____ Invoice Number: _____

End User: _____ Phone Number_____

Address: _____

Machine Information

Model Number: _____ Serial Number: _____

Date of Install: _____ Date of Repair: _____

Repairs Done: _____
_____

_____

Refrigeration Leak: _____ Where: _____

Parts Used/Reason for Replacement: _____

_____

Compressor Serial Number: _____
(if replaced)

Warranty Claims must be received within 30 days of service!
Mileage and travel time are the responsibility of the end user
Labor claims are paid as per the Scotsman Labor Rate Book

Return Claim Forms:
2817 Breckenridge Ind Ct.
St. Louis, MO 63144
kathym@select-mktg.com