

SELECT MARKETING & DISTRIBUTING

Warranty Claim Form

Service Dealer: _____

Address: _____

Phone Number: _____

Invoice Number: _____

End User: _____

Address: _____

Phone Number: _____

Machine Information

Model Number: _____

Serial Number: _____

Date of Installation: _____

Date of Repair: _____

Repairs Done: _____

Refrigeration Leak: _____

Where?: _____

Parts Used/ _____

Reason for Replacement: _____

Old Compressor Serial Number: _____

(If compressor is 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

Please Return Claims to:
Select Marketing & Distributing
2817 Breckenridge Industrial Ct.
St. Louis, MO 63144

Phone: 314-961-3332 | Email: kathym@select-mktg.com | Fax: 314-961-3364