

MANITOWOC

ATTN: Claims Processing

P.O. BOX 1720, Manitowoc, WI 54221-1720

Telephone: (800) 545-5720 Fax: (800)

235-9695 iceclaims@welbilt.com

WARRANTY LABOR CLAIM

OPTIONAL REF NO. _____

Service's Invoice Number _____

Date Failed _____

Date Form Completed _____

Date Repaired _____

| | | | |
|--|-----------|------------|--------------|
| Important: Serial numbers of ALL products serviced required | Model No. | Serial No. | Install Date |
| Ice Machine | | | |
| Related system components (bin, condenser, dispenser, AuCs) | | | |

| DISTRIBUTOR | SERVICE COMPANY | CUSTOMER |
|---------------------------|--|--|
| Company Name | Company Name | Name |
| Address | Address | Address |
| City, State, Zip | City, State, Zip | City, State, Zip |
| Area Code & Telephone No. | Area Code & Telephone No. | Area Code & Telephone No. |
| | Did you sell this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this equipment leased by you? <input type="checkbox"/> YES <input type="checkbox"/> NO | Customer location is required for all claims, including leased equipment |

Reported Complaint _____

Service Performed (Symptoms and/or summary of diagnosis made is required. List hours and explanation for each repair made. Give exact location of any leaks.)

| | Hours |
|--|-------|
| | |
| | |
| | |

See reverse side for "WARRANTY SERVICE GUIDE"

(Submit in U.S. Dollars only)

Total hours _____ X Labor rate per hour _____ = **LABOR CHARGES** U.S. \$ _____
 (If applicable: State the reason why you **did not** reuse remote refrigerant charge) _____
 Type of Refrigerant used _____ Amount of refrigerant used _____ X Refrigerant Allowance _____ U.S. \$ _____
 (Refrigerant Allowance available from Distributor)
 Miscellaneous material up to \$75.00 for repairs requiring opening of refrigeration system = **MISCELLANEOUS** U.S. \$ _____
 (includes brazing supplies, vacuum pump, recover equipment, etc.)
TAX (if applicable) _____% U.S. \$ _____

SPECIAL AUTHORIZATION number _____

(Contact Factory for authorization number ONLY when outside warranty guidelines on back of form)

INVOICE TOTAL CHARGE U.S. \$ _____

| List All Parts Replaced | | | Shaded Area for Factory Use ONLY | | |
|--|--------------------------------------|---------------------|----------------------------------|------------------|---------------|
| All warranty parts, including driers, are to be obtained from and returned to the Manitowoc Distributor. | | | Account | Code Description | Dollar Amount |
| List Manitowoc Part Numbers Replaced | Manitowoc Return Material Tag Number | Description of Part | | | |
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| | | | | | |
| | | | | | |
| | | | Approved by _____ | | Date _____ |

Signatures Required (or attach servicer's original invoice with signatures)

CUSTOMER OR LESSEE SIGNATURE

Date signed _____

SERVICE TECHNICIAN SIGNATURE

(Technician making refrigeration system repairs must be certified per EPA requirements)

Date signed _____