

**JORDAIR WARRANTY CLAIM DESCRIPTION**

NAME OF SERVICE COMPANY \_\_\_\_\_ CONTACT NAME \_\_\_\_\_  
 JORDAIR'S RA# \_\_\_\_\_ REASON FOR RETURN \_\_\_\_\_  
 SERVICE TECHNICIAN TRAINING CERTIFICATE# \_\_\_\_\_ CERTIFICATE DATE \_\_\_\_\_  
 SERVICE TECHNICIAN SIGNATURE \_\_\_\_\_ SERVICE DATE \_\_\_\_\_

**COMPRESSOR / FILL STATION / STORAGE INFORMATION:**

NO.	MODEL / SERIAL#	DELIVERY DATE	CUSTOMER NAME	LOCATION OF INSTALLATION	WORKING HOURS	OPERATING CONDITIONS
1						
2						
3						

**DEFECTIVE PART INFORMATION:**

NO.	PART #	DESCRIPTION	DATE OF DAMAGE	DESCRIPTION OF DAMAGE, DAMGE FEATURES (ATTACH ADDITIONAL DRAWING OR PHOTO IF AVAILABLE)	CAUSE OF DAMAGE
1					
2					
3					

**NO CREDIT OR REPLACEMENT WILL BE ISSUED UNLESS THIS FORM IS COMPLETED AND RETURNED WITH THE PART.**