

Warranty Service Request Form

Before requesting service, please refer to your product manual for troubleshooting.

I wish to authorize **USR Brands** to schedule an independent service company to perform diagnosis and/or repair on my behalf. I acknowledge that all warranties are an agreement between the owner of the equipment and the manufacturer. I accept responsibility for all charges outside of warranty coverage for the repair or installation work I have instructed the service company to perform.

I acknowledge that in the event this particular service call is not a warranty problem, I am responsible for payment in full. (Maintenance, adjustments, and installation problems are not warranty issues) In the event I choose not to allow the service company to complete the estimated repair, I am responsible for diagnosis and trip charges. I understand and acknowledge that service companies do not provide "Free estimates."

EXAMPLES OF ITEMS NOT COVERED UNDER WARRANTY

(Visit <u>www.usrbrands.com</u> for full warranty information):

- ❖ Adjustments (example: thermostat settings, ice cube size adjustment)
- Damage not noted on the freight carrier paperwork upon delivery
- Dirty Condenser and/or Evaporator coils
- Incoming water pressure too high or too low
- Clogged water filters, air filters, strainer, or inlet valve
- Weather induced problems outside of Equipment
- ❖ Ambient temperature too hot or too cold around equipment
- Overtime (unless approved by manufacturer), Regular hours are Monday- Friday 8:00am 5:00pm
- Labor charges denied or not authorized by manufacturer
- Installation Issues



*BUSINESS NAME:				
*SERVICE ADDRESS:				
	C	ITY:	STATE:	ZIP:
*TELEPHONE:	FAX:	EMAIL:		
*BUSINESS HOURS:		*SIGNATURE:		
*PRINT NAME AND POSITION	N:			
*Model Number:	*Serial Number:	*Date	Purchased?	
*Professionally Installed?	*By Whom?			
*Description of Issue:				
BILLING ADDRESS (IF DIFFER	•	*OFT		
*ADDRESS:				
*STATE:	*ZIP CODE:	*SIGNA	TURE:	
(* LINES MUST BE FILLED OU	T)			
CREDIT CARD INFORMATION PAYMENT.	N IS REQUIRED TO GUA	ARANTEE DISPATCHIN	NG OF TECHN	IICIAN AND
NAME ON CREDIT CARD				
CREDIT CARD BILLING ADDR	ESS:			
CARD TYPE:				
CARD NUMBER:			EXP DA	ГЕ:
SECURITY CODE:	<u></u>			
SIGNATURE:		DATE: _		

^{*}Failure to pay for non-warranty service can result in the invalidation of your warranty*

^{*}Failure to notify USR Brands service cancellation before service technician arrival will resultin a \$50 travel charge.

^{*}This form must be signed and returned to: service@usrbrands.com (EMAIL) or 800-764-1172(PHONE)