

IMPORTANT NOTE: **Completely fill out form** and fax/email to our office. **An incomplete form will delay processing.**

After all information is collected/processed, and if needed, factory authorization, First Supply will notify you with all necessary instructions regarding the return of your product for credit. Filling out this form does not guarantee credit.

- **ALL WARRANTY CREDITS ARE SUBJECT TO FACTORY INSPECTION**
- **DO NOT FIELD SCRAP PARTS OR WHOLE UNITS WITHOUT AUTHORIZATION.**
- **DO NOT RETURN PARTS TO FIRST SUPPLY WITHOUT AUTHORIZATION.**
- **MUST PROVIDE INVOICE NUMBER OF REPLACEMENT PART OR UNIT!**

Date: _____

Prepared By: _____

Contractor: _____

Phone#: _____

Full Address: _____

Fax#: _____

Email: _____

Homeowner or Business Owner's Information:

End user Name: _____

Phone#: _____

End user Address: _____

Equipment Information:

Unit Model# _____

Unit Install Date _____

Unit Serial# _____

Unit Failed Date _____

Failed and Replacement Part/Equipment Info:

Replacement Part# _____

First Supply Invoice# _____

Explanation of Defect (please be specific – saying items are Defective or Not Working doesn't provide enough information):

Case/reference # from Manufacturer (if applicable, provide # and name of contact): _____

Compressor or Coil/Unit Change Out Info:

Failed Model#: _____

Failed Serial# _____

Replacement Model# _____

Replacement Serial# _____

(First Supply Internal Use Return Information)

Return To:

_____	Ship Via: _____

_____	Pick Up Date: _____
_____	Notes: _____

Who is responsible for freight:

FS ☐ Customer ☐

Return Order# _____

Return PO# _____

Factory RGA/RMA# _____

Restock Charge: _____

Date Sent to Factory _____

Return Tracking# _____