 

745 Rue Longpré

Sherbrooke, QC

J1G 4S8

Phone : (819) 566­-9444

Phone : (866) 904­-9444

Fax. : (819) 340-8735

**Claim form**

**SERVICE CALL EFFECTUED**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form must be completed and accompany the parts to return.**

**Note: A copy of the original invoice of the customer and an invoice for the work must**

**accompany this form or your application will not be processed and no refund will be made.**

**Unit Model number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purchase Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repair Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information of customer**

Name of customer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information of retailer**

Retailer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of the problem :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work performed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parts to return:** Parts #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Description of parts: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Parts #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Description of parts: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Parts #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Description of parts: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Labor:**

**Yes** [ ]  **No**  [ ]  **Amount Requested:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(\*\*\* Please see Table of Time allowance for repairs)**

The unit is in good working order now \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Technician**

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| **Reserved for use of Multi Distribution**   Credit labor approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Travel approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 

**Process claim for a**

**service call performed**

 **Amount allocated for travel:** 25.00$

 **Amount allocated to the workforce:** 82.00$/ hour

**(\*\*\*\* Please see table of time allowance for repairs)**

 **The refund request must be accompanied by the following :**

 - Application form for credit service call performed
 **(Includes all the information requested on the form)**

 - Copy of invoice your client including model & serial number of the device.

 - Work Order

 • All requests for refunds of service calls should be sent to us no more than 30

 days from the date when the service call was made.

 • Refund requests will be processed and approved if credited directly to your

 customer file.

 

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| **Time allowance for repairs** |
| **Repair effected / parts** | **Time allowed for repairs** |
| **Diagnostic** | **1 hour** |
| **Change heatpump** | **1 hour** |
| **Condenser Base** | **3 hours** |
| **Collar** | **45 min.** |
| **Compressor** | **3 hours** |
| **Starting Capacitor** | **30 min.** |
| **Running Capacitor** | **30 min.** |
| **Complete Capacitor** | **3 hours** |
| **Contactor** | **1 hours** |
| **220 Volt Contactor** | **1 hour** |
| **Digital Control** | **45 min.** |
| **Condenser Top** | **3 hours** |
| **Dehydrating filter** | **2 hours** |
| **Water leakage** | **30 min.** |
| **2,50’’ Stainless Steel pressure gage** | **30 min.** |
| **Fan motor** | **1 hour** |
| **Low pressure protection** | **30 min.** |
| **Flow protection** | **30 min.** |
| **High Pressure Protection** | **30 min.** |
| **Pressure Relay** | **30 min.** |
| **Se-icing Sensor** | **30 min.** |
| **Temperature sensor** | **30 min.** |
| **Transformer** | **30 min.** |
| **Expansion Valve** | **2 hours** |
| **Fan** | **30 min.** |
| **Pilot Lamp** | **30 min.** |