

# Ice-O-Matic<sup>®</sup>

## Warranty Claim Form



<b>Claim #</b> (Service Bench #)		<b>Service Invoice #</b>		<b>Date Repaired</b>	
<b>Fast Agent #</b>		Special Authorization #		Distributor #	12983100

<b>Model #</b>		<b>Serial #</b>	
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Service Agent		Customer / End-User	
Company		Customer	
Address		Address	
City		City	
State		State	
Zip		Zip	
Phone		Phone	
Email			
Contact Name		Contact Name	

<b>Problem Reported / Customer Request / Diagnosis of Problem (Need Details)</b>
<b>Service Performed to correct the problem (Give Details, Leak Locations, etc..)</b>

√	QTY	Part Number	Description	Lbr Hrs	Agent Part Inv #	Part Credit # / Date

Total Labor Hours		X	Hourly Labor Rate		=	
Travel	<b>.5 hrs</b>	X	Hourly Labor Rate		=	
Miscellaneous Charge for Refrigerant Repairs Only (\$15 max)					=	
Reclaim/Recovery Fee (\$15 Air- Wtr or \$25 Remote)					=	
R404A		Lb	X R404A = \$ 16.00 per Lb. Prt # 6051055-01		=	
		Oz				
<b>Total Labor Invoiced</b>					=	

**CLAIM and PARTS MUST BE SUBMITTED WITHIN 30 DAYS FROM REPAIR DATE!**

Please Be Advised - This claim form will be processed using your service ticket number. Keep a copy for your records!

**Distributor:** GULF ICE SYSTEMS, INC., 7790 Sears Boulevard, Pensacola, Florida 32514  
Telephone: (850) 474-1784, Ext. 107 Fax: (850) 474-4858

Warranty Administrator: Extension 107  
Email: [warranty@gulficesystems.com](mailto:warranty@gulficesystems.com)