

Warranty Claim Form



RGA #

Return completed claim form to:	
NV Eco Vision Sales Inc. 105 Haist Ave. Unit 10 Vaughan, ON L4L 5V6	Phone: 905-264-0038 Fax: 905-264-0092 Email: warranty@ecovisionsales.ca

Air Handler Model Number:	
Serial Number:	
Original Install Date:	
Date of Failure:	
Describe the nature of the failure, <u>be specific with description (defective NOT acceptable)</u>	
Failed Part:	
Date Serviced:	
Action Taken To Correct Problem:	
Replacement Part Number:	
Homeowner: Name, Phone Number Address, City, Province, Postal Code:	
Servicing Contractor (Company Name, Phone #, Address, City, Province, Postal Code:	
Contractor Signature:	
Wholesale Distributor: City, Province, Postal Code:	
Return Fax # or Email address:	
Wholesaler RMA/DM# (include copy if applicable)	
Claimant signature:	
FOR WARRANTY DEPARTMENT USE ONLY	

Warranty Claims for all failed items must be submitted within 90 days of failure or warranties will be denied.