

# Warranty Forms Procedure

For



*Ice Machines*

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**Labor Claim Form Instructions**

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**Sample Labor Claim Form**

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**Return Material Tag and Instructions**

1. Provide the date equipment failed, date form completed, and date repaired, and fill in your invoice number in the space provided.
2. Provide correct model and serial number of the equipment repaired, and the installation date. (VERY IMPORTANT)
3. Complete Manitowoc Distributor name, address, and phone number.
4. Complete your (service company) name, address, phone number, check boxes if you have sold or lease this equipment.
5. Complete customer's name, address, and phone number.
6. Fill in the reported customer complaint.
7. A detailed description of the completed repair is required on the claim or attached invoice.
8. Total hours allowed by the factory (SEE GUIDE ON BACK OF LABOR CLAIM FORM) and fill in total hours and your hourly rate.
9. You must re-use the refrigerant on Quiet Cube and Traditional Remote units unless there are circumstances that require new refrigerant (example: A compressor burnout or instructions from a Manitowoc Regional Service Manager). List on the form the reason for using new refrigerant, type of refrigerant used, amount and the cost (per lb.) allowed by Manitowoc Ice.
10. A miscellaneous charge of \$40.00 will be allowed if system is opened, to cover the use of recovery equipment, torches, etc. A NEW MANITOWOC FILTER DRIER MUST BE USED.
11. Complete line charges and extend totals.
12. If an authorization number was given, provide it here.
13. List Manitowoc part numbers replaced.
14. List the Return Material Tag number for all parts replaced.
15. List the part description.
16. Customer signature and date is required on claim or attached invoice.
17. Service technician's signature and date is required, on claim or attached invoice.

***\*\*Please turn in all parts, Return Material Tags and Labor Claim Forms within 35 days of job completion.\*\****

***\*\*Replacement parts must be obtained from your local Manitowoc Authorized Distributor and defective parts must be returned to the same Distributor with the Warranty Claim Form.\*\****

***\*\*Please make sure all compressors are completely sealed before returning. The Manitowoc Distributor will refuse any compressor that has not been sealed.\*\****





**FOR FACTORY USE ONLY**

MDC# \_\_\_\_\_

Reason for return: \_\_\_\_\_

RM 637306

HOLD HERE WHEN REMOVING YOUR COPY

**MANITOWOC PART RETURN MATERIAL NO RM. 637306**

<b>DISTRIBUTOR</b> Name _____ <b>1</b> City _____ State _____ Telephone # _____		<b>SERVICE COMPANY</b> Name _____ <b>2</b> Street _____ City, State, Zip _____ Telephone # _____		Unit located at: Name _____ <b>3</b> Street _____ City, State, Zip _____ Telephone # _____ Check if this is a leased machine. <input type="checkbox"/>	
<b>REASON FOR RETURN</b> _____ <b>4</b>					
<b>PRODUCT:</b> For Reach-Ins Only: Serial # of both cabinet and refrigeration system must be supplied.	<b>SERIAL NO.</b> _____ <b>5</b>		<b>MODEL</b> _____		<b>DATE UNIT INSTALLED</b> _____ <b>6</b>
	<b>MANITOWOC ICE, INC. PART NUMBER</b> _____ <b>8</b>		<b>PART NAME</b> _____		<b>DATE PART FAILED</b> _____ <b>9</b>
<b>PART BEING RETURNED:</b> _____		<b>AUTHORIZATION</b> _____ <b>10</b>		<b>MANITOWOC ICE, INC.</b> DIVISION OF THE MANITOWOC COMPANY, INC. P.O. BOX 1720 • 2110 South 26th Street • Manitowoc, WI 54221-1720	
			PART FAILED DURING: (CHECK ONE BELOW)		1 ORIGINAL MACHINE WARRANTY _____ <b>7</b> 2 Replacement Parts Warranty* _____
			*Replacement Parts Warranty ONLY— Date of installation of failed part		
			Copies 1 & 4 Attach to Material Copy 2 (yellow) Distributor Copy Copy 3 (green) Dealer/Service Copy		

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—ONE PART PER TAG ONLY—

1. Provide your Authorized Manitowoc Distributor complete name, address, and phone number.
2. Complete Service company name, address, and phone number.
3. Complete Customer name, address, and phone number.
4. Provide a detailed explanation of part failure (BROKE, DEFECTIVE, BAD or DOESN'T WORK are not acceptable).
5. Provide correct model and serial number of the equipment repaired. (VERY IMPORTANT).
6. Provide original date of installation of the equipment.
7. Check appropriate box, (1 or 2) as to if original or replacement part warranty.
8. Provide the replacement part number and description.
9. Provide the date the part failed.
10. THIS SPACE IS ONLY USED IF YOU RECEIVE SPECIAL AUTHORIZATION FROM MANITOWOC.



**Manitowoc®**