



### Warranty/Defective Claim Form

<b>Distributor Info:</b>		<b>Customer Info:</b>	
Company Name	Attn:	Company Name	
Address	Phone:	Address	
City/State/Zip	E-Mail:	City/State/Zip	
Phone:	Debit Memo #:	Phone:	

### Warranty Credit Request Details

Model # :		P.O. or Invoice #:	
Serial #:		Failure Date:	
Mfg. Name		Failure Code:	
Mfg. Date Code:		Cust. Purchase Date:	

Code/Description	Code/Description	Code/Description	Code/Description
127/Thermistor	160/Excessive Vibration	186/Short Circuit	193/Grounded
201/Open Wiring	246/Frozen Shaft	291/Noisy Bearings	296/Failed Bearings
333/Stator	381/Switch-Actuator	383/Thermal Protector	

Notes or description of failure:

---



---



---



---



---

\*PMI Motors, Pumps and Parts are warranted against defects and workmanship failure for a period of one (1) year after the customer's Date of Purchase. Proof of Purchase is required.

Instructions for Warranty-Defective Claim Form:

- 1.) Fill out the claim form in its entirety with all the available information.
- 2.) Prior to accepting a defective motor from a contractor or consumer, the distributor must ensure by the date code or proof of purchase that the unit is currently under warranty.
- 3.) Remove the motor or pump label and affix it to this warranty form in the space provided. Unless previously instructed, all motors and pumps should be field scrapped. Thermostats and Controls must be returned for credit. The form should then be mailed to the attention of the V.P. of Sales and Marketing to receive authorization for the appropriate credit.
- 4.) All Cooler Pumps, T-Stats, and control boards must be written up on the warranty-claim form. The product and the claim form are to be returned to PMI to the attention of the V.P. of Sales & Marketing in order to receive the appropriate credit.

\*All questions concerning warranty-defective procedures or concerns should be directed to either the PMI customer service department or the local Factory Representative assigned to the account.

Affix Label Here:

Motor or Pump Labels Must be returned to receive credit

Requested by: \_\_\_\_\_

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

Return mail to: Phoenix Manufacturing Inc.  
3655 E. Roeser Rd.  
Phoenix, Az. 85040  
Attn: VP Marketing & Sales

Authorized By: \_\_\_\_\_

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

RMA# \_\_\_\_\_