



FAX completed form to: 419-333-5820 / or email to warranty@stylecrest.net

Mailing Address: Drawer A • 2450 Enterprise Street • Fremont, Ohio 43420

CLAIM No. _____ (For Servicer's use only)

Manufactured Housing Warranty Claim Form

Purchase/Install Date: _____

Service Date: _____

Tech Reference #: _____

IMPORTANT: any required service not shown in the Service Rate Schedule and Policies Manual is to be approved in advance by Style Crest, Inc. For approval, call the Style Crest technical services hot line in Fremont, Ohio at 800-228-7896.

SERVICER'S NAME: _____
SC ACCOUNT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
TAX ID OR SS#: _____

FURNACE info required for all BLEND AIR repairs
FURNACE Model # _____
FURNACE Serial # _____
BLEND AIR Model # _____
BLEND AIR Serial # _____

HOMEOWNER: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE#: _____

Condenser info required for all COIL repairs
Condenser Model # _____
Condenser Serial # _____
COIL Model # _____
COIL Serial # _____

ALL CLAIMS MUST BE FILED AT STYLE CREST WITHIN 30 DAYS FROM THE DATE OF SERVICE.

Description of failure and repair: _____

LABOR ALLOWANCE IF APPLICABLE:

LABOR \$ _____ Trip Mileage _____ Trip Charge \$ _____ Lbs. Refrigerant _____ Refrigerant \$ _____ Reclaim \$ _____ TOTAL \$ _____

PART ALLOWANCE

Qty	Installed Part #	Description	Invoice Price	Failed Part#	RET/Scrap
1					RET/Scrap
1					RET/Scrap
1					RET/Scrap
1					RET/Scrap

OLD Compressor/Unit S/N#: _____

NEW Compressor/Unit S/N#: _____

If you purchase your repair parts through a Style Crest Distributor, you should return your part(s) and claim(s) together to the Style Crest Distributor. Any claim(s) involving accessories, or an authorized product replacement must be returned to your Style Crest Distributor. In order to receive invoice credit for repair parts purchased through your Style Crest Distributor, the part(s) and claim(s) must be returned together to the Style Crest Distributor. *Claim payment will not be split.*

▶ I certify my appliance(s) has/have been serviced and is operating satisfactorily **X** _____
(Customer Signature)

▶ I certify I have properly serviced the customer's appliance(s) **X** _____
(Servicer's Signature)

TO BE FILLED IN BY STYLE CREST DISTRIBUTOR-----

Distributor Name: _____ Distributor Address: _____ Date Claim Received: _____

Distributor Reference #: _____ Distributor City/State/Zip: _____

"Help Us Help You"

1. Is your claim form complete?
2. Have you referenced your Service Rate Schedule and Policies Manual?
3. Have you given a complete description of service?

Handling of In-Warranty Calls

1. Taking the call for service

Prior to going on a service call, the Servicer should secure all information possible from the customer. The information you should request is:

- a. Customer's name, address and telephone number.
- b. Type of appliance (gas, oil, or electric furnace, air conditioning, or heat pump, package unit or indoor coil) and if possible, model & serial number.
- c. Date customer purchased appliance - or date of purchase of home if appliance was installed as original factory equipment.
- d. Get description of problem as best as customer can describe it. This would be helpful in determining the repair parts that are necessary.
- e. Set a definite appointment for the "time of service".
- f. Advise the customer that he/she must show the servicer their proof of purchase to validate warranty. If he/she is not to be at home, advise customer to leave the proof of purchase (or a copy) in a predetermined place for review by the servicer.
- g. It is extremely important to advise the customer that he/she is obligated for all service not covered by the warranty.

2. While at the home

- a. Complete the requirements of the claim form.
- b. Determine the cause of failure. If the failure can be handled under warranty, proceed under the warranty guidelines. If it is not a warranty problem, the customer should be advised of the fact that he/she is obligated for all charges.
- c. If the problem is a direct result of a defect in material or workmanship, Style Crest will handle per the terms set forth in the certificate or warranty supplied with the appliance by UPG and the flat rate schedule and service policy.
- d. IF THE PROBLEM IS A DIRECT RESULT OF IMPROPER INSTALLATION, IMPROPER SET UP, OR IS A PART OF NORMAL CUSTOMER MAINTENANCE OR ADJUSTMENT, SCI / UPG WILL NOT BE RESPONSIBLE FOR ANY SERVICE EXPENSE. SERVICE WORK PERFORMED THAT CANNOT BE ATTRIBUTED TO DEFECTS IN MATERIAL OR UNITARY PRODUCT GROUP FACTORY WORKMANSHIP **MUST NOT** BE BILLED TO SCI / UPG. IN CASES WHERE SCI / UPG IS NOT LIABLE FOR THE SERVICE WORK, THE RESPONSIBLE PARTY SHOULD BE CONTACTED FOR PAYMENT OF YOUR SERVICES.
- e. Complete all warranty repairs and check for proper operation.
- f. Record, in detail, defects found and corrections required.
- g. The Service person must sign the claim form in the space provided, and have the claim form signed by the customer upon completion of the required service.
- h. Handle parts carefully to prevent damage. Parts received damaged are not acceptable for warranty.

PROPER PROCEDURE FOR FILLING OUT AND SUBMITTING CLAIM

In order to receive reimbursement from Style Crest for in-warranty labor, it is absolutely necessary to fill out a Style Crest claim form in its entirety. To eliminate delays and expedite payment of service claims, it is imperative that the claim form be filled in correctly with all necessary information.

Listed below are the items that are necessary:

1. Customer's name and address.
2. Model and serial number of the appliance serviced.
3. Date of purchase of the home or appliance. If there is doubt that the appliance is within warranty, proof of purchase date must be supplied.
4. Date service was performed.
5. Name and address of servicing organization, as well as servicer's tax or ID or SSN.
6. Description of Failure
7. Description of service work performed.
8. Customer's signature.
9. Fill in Labor Allowance
10. IF A PART WAS PURCHASED THROUGH A STYLE CREST DISTRIBUTOR, RETURN THE CLAIM AND PART TO THE STYLE CREST DISTRIBUTOR.
11. IF THE CLAIM AND PART ARE RETURNED SEPARATELY, THERE WILL BE A DELAY IN PROCESSING THE CLAIM.
12. All claims must be filed within 30 days from date of service call.