



Associated Energy Systems

A housewarming presence for every season.

DATE: _____

WARRANTY/RETURN AUTHORIZATION REQUEST FORM

AES ISSUED RA#: _____

- An RA# must be issued by Inside Sales before product is sent back to AES.
- Inside Sales will fax this form back to the dealer with the RA#, please include a copy inside the box being returned.
- Returns will NOT be accepted if it is a: special order item, non-stock item, the product is not in original packaging or is not in new condition. Any item purchased over 90 days ago will be decided by AES Management.
- Warranty parts found not to be defective will be returned back to the dealer at the dealer's expense.
- Returned product is subject to a minimum 20% restock fee.
- Product must be received within 60 days from return authorization issue date.
- To insure you receive an accurate and expedited credit or replacement part, please fill in all necessary information below.

WARRANTY: FILL OUT STEPS #1, #3, #4 AND #5

RA REQUEST: FILL OUT STEPS #1, #2, #3 AND #5

STEP #1 - DEALER INFORMATION

Dealer Name		Dealer Account #:	Phone
City:	State:	Contact:	Fax:

STEP #2 - NEW PRODUCT INFORMATION FOR RETURN/CREDIT

INVOICE #	DATE	QTY	PART #	DESCRIPTION

STEP #3 - REASON FOR RETURN

NEW PRODUCT: REASON FOR RETURN OR WARRANTY: SYMPTOMS/PROBLEMS/READINGS:
***IMPORTANT* MORE INVOLVED APPLIANCE ISSUES REQUIRE A TECHNICAL INFO SHEET, PLEASE CONTACT INSIDE SALES**

WARRANTY: DIAGNOSIS/SOLUTIONS/RESULTS:

STEP #4 - WARRANTY INFORMATION

Model #:	Serial#:	Date Code:
Consumer Name:	Date Installed:	Date Serviced:
PARTS USED FOR REPAIR:	QTY:	PART #
<input type="checkbox"/> CREDIT ONLY		
<input type="checkbox"/> SEND REPLACEMENT		
Labor Requested? <input type="checkbox"/> YES <input type="checkbox"/> NO Labor Amount Per Schedule \$ _____		
If you marked YES: Do you have prior Labor Authorization? <input type="checkbox"/> YES <input type="checkbox"/> NO Who Authorized? _____		

STEP #5 - RETURN TO AES VIA

<input type="checkbox"/> AES Truck	<input type="checkbox"/> Will Call	<input type="checkbox"/> Carrier	<input type="checkbox"/> O/S Rep.	<input type="checkbox"/> Call tag (AES Error Only)
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AES INTERNAL USE BELOW

REPLACEMENT PART ORDER #: _____ WARRANTY CREDIT MEMO #: _____