



7014 Beaver Dam Rd  
Levittown, PA 19057  
215-949-1550

**Warranty Claim Form**

**Contactor information:**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

**Homeowner/End User Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**\*Please note: Depending on the manufacturer, the end user may be required to show proof of homeownership dating back to original install date.**

**Unit/Coil information:**

Model #: \_\_\_\_\_  
Serial #: \_\_\_\_\_  
Date of installation: \_\_\_\_\_ Date of Failure: \_\_\_\_\_  
Description of problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part information:**

Part #: \_\_\_\_\_  
Part Description: \_\_\_\_\_  
Description of problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**All information must be completed prior to Avco reviewing claim.  
Credit will not be issued until Avco receives credit from vendor.**