



# Order Form

Revenue <input type="checkbox"/>	Warranty <input type="checkbox"/>
Stocking Program Participant <input type="checkbox"/>	PM Contract Customer <input type="checkbox"/>
Equipment Start Up <input type="checkbox"/>	
<b>***Pricing &amp; Availability Subject to Change Without Notice***</b>	
<b>*Email Completed Form to Warranty@TMI-ASG.com *</b>	

**BILL TO**

**SHIP TO**

Customer ID: \_\_\_\_\_  
 Customer Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Ordered By: \_\_\_\_\_  
 Date Ordered: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
 Desired Location: \_\_\_\_\_  
 Attn or Tag: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Shipping Type: \_\_\_\_\_

PO #	Job #	BC #	Job Type	Unit Tag
<b>Vendor TRC Authorization #</b>				<b>Last 5 Fault Codes</b>
<b>Name of Authorizer</b>				

**Job & Unit Information**

Manufacturer: \_\_\_\_\_  
 Shipping Type: \_\_\_\_\_  
 Unit Model # \_\_\_\_\_  
 Unit Serial # \_\_\_\_\_  
 Job Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State / Zip: \_\_\_\_\_  
 Start-up Date: \_\_\_\_\_

**Compressor Information (if applicable)**

<b>Model #</b>	_____
<b>Serial #</b>	_____
<b>Model #</b>	_____
<b>Serial #</b>	_____
<b>Comp Location</b>	_____
<b>Failure Code</b>	_____

Notes:

Return Required Yes  No   
 Startup Required Yes  No

Qty	Part#- if known	Schematic Symbol	Description

\* All Warranty Orders subject to Claim Approval, Forms required subject to change without notice.