OLIMPIA SPLENDID
HOME OF COMFORT

MAESTRO
With no outdoor unit

Date:_____

*Company Name: _____

Street:_____

City State Zip:_____

Phone:_____

*Homeowner Name:_____

Street:_____

City State Zip:_____

Phone:_____

Failed Part

Sales Order or Invoice Number: _____

*Original Unit Install Date: _____

*Failed Date: _____

Manufacturer: _____

*Unit Model Number: _____

*Unit Serial Number: _____

Failed Part Number: _____

Failed Coil or Compressor: Model Number: _____ Serial Number: _____

*Specific Failure Reason:

_____

_____

*Must be completed

For compressors; liquid suction lines must be soldered closed to prevent oil leaks

***To be completed by distributor

Replacement Part

*New Part Number: _____

*New Part Name: _____

New Serial Number: _____

*New Part Order Number: _____

Additional Comments:

_____

_____

_____

Submit this completed form to Warranty@OlimpiaSplendidUSA.com for processing Warranty will NOT be processed unless form is 100% Complete with all applicable information