



**Leer Inc. Walk-In Warranty  
Claim Form**

**CUSTOMER INFORMATION:**

Date:

Customer Full Name: Customer Address (Line 1):  
Customer Email: Customer Address (Line 2):  
Customer Phone Number:

**WALK-IN DETAILS (Located Inside Door Frame):**

Model: Serial Number:

**CONDENSING UNIT OR EVAPORATOR COIL DETAILS:**

Model: Serial Number:

**JOB SITE INFORMATION:** Check box if 'Job Site Information' is the same as 'Customer Information'.

Job Site Full Name: Job Site Address (Line 1):  
Job Site Email: Job Site Address (Line 2):  
Job Site Phone Number:

**SERVICE PROVIDER INFORMATION:**

Service Provider Full Name: Address (Line 1):  
Service Provider Email: Address (Line 2):  
Service Provider Phone Number:

**PERSON/INSTITUTION SEEKING  
REIMBURSEMENT INFORMATION:**

Check box if 'Reimbursement Information' is the same as 'Service Provider Information'.

Reimbursement Full Name: Address (Line 1):  
Reimbursement Email: Address (Line 2):  
Reimbursement Phone Number:

**Check box if 'the following items are included with your Claim Form':**

**COMPLETE DESCRIPTION OF ISSUE BEING REPAIRED:**

Complete itemized bill of materials (including parts, labor -- hours and rates).

Invoice of replacement parts and/or compressor.

Compressor core credit receipt (if applicable).

**COMPLETE DESCRIPTION OF SERVICE BEING CONDUCTED:**

Copy of new compressor serial tag (if applicable).

Additional photos and/or service justifications.

W9 of personal or institution seeking reimbursement.

\* Please see the full text of the Walk-In Warranty Packet for the warranty terms and exclusions to the warranty, as well as other important terms and conditions.

**Leer Inc. | 206 Leer Street | New Lisbon, WI 53950**

**www.leerinc.com | (800) 766-5337**

**WE'RE WITH YOU EVERY DEGREE OF THE WAY**

