



5965 Chemin de la Cote de Liesse,
 Ville Saint-Laurent, QC, H4T 1C3
 Phone: +1 (514) 735-3539
 hello@flexdistribution.com

Autorisation Number
**Return the defected parts with this form attached

**** Please send this form by e-mail at hello@flexdistribution.com**

PARTS RETURN		
Date	Name	Your PO Number: or Ref Number:
COMPANY NAME:		
Adress:	City:	
Phone:	E-mail:	

Field with the serial number of the defected unit	
Model Number:	Serial Number (Indoor Unit):
Defect Date:	Serial Number (Outdoor Unit):
* Installation Date:	*WITHOUT THE INSTALLATION DATE YOUR REQUEST WILL BE DENIED

DEFECTIVE PARTS		
* QTY	* CODE	PROBLEM DESCRIPTION (Please describe the issue in detail)

* Invoice Number for replacement parts:	
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END USER INFORMATION		
Name:		
Adress		City:
Postal Code:		Phone:

** The parts and Parts Return Form MUST BE send to our office within 30 days of service date, if not the claim will be automatically denied.

Any claim form with incomplete or incorrect informations will be hold until obtaining required information within 30 days. Any claim not completed within the 30 days will be automatically denied with no future reconsiderations.

Flex Distribution Section	Name:	Signature:	Date	Authorization N°	
	1)		2)	3)	