



Marinaire®

WARRANTY CLAIM FOR		CLAIM NUMBER	
CUSTOMER			
Customer Name			
Address			
City	State	Zip	Phone#
DEALER / DISTRIBUTOR			
Company Name:		Contact	Phone#
SERVICE COMPANY			
Company Name		Contact	
Address			
City	State	Zip	Phone#
EQUIPMENT			
Model No.	Date Purchased	Date Installed	
Serial No.	Date of Service Call	Date Failed	
FAILURE			
Detailed Description of Failure			
Part(s) Failed			
Customer Signature		Date	
Service Technician		Date	
Upon completion warranty claim forms should be mailed to:			
Marinaire		Phone: (800) 724-8071	
Warranty Administrator		Fax: (305) 748-6071	
11129 NW 122nd St		www.marinaire.com	
Medley FL 33177		info@marinaire.com	