



Warranty Form

***Please fill out this form in order to expedite your warranty claim process.**

Warranty Information

Part# _____

Date Code _____

Model # _____

Serial # _____

Job Name _____

Job Address _____

Install Date _____

Fail Date _____

Reason for Failure _____

***NOTE: Most defective parts are required to be returned to The Star Supply Company for credit. Please check with the Warranty Department.**