Order Form

Date Ordered

* Email Completed Form to **warranty@tmi-asg.com***

Revenue ☐ **Warranty** ☐

Stocking Program Participant: ☐ **PM Contract Customer:** ☐ **Equipment Start -up:** ☐

Bill To		**Ship To**	
Customer ID:		Customer Name:	
Customer Name:		Attn or Tag:	
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Ordered By:		Email Address:	
Requested By Date:		Phone #:	
DTMI Sales Rep:		Delivery Type:	Next Day Air ☐ 2nd Day Air ☐ Ground ☐

JOB & UNIT INFORMATION

PO #	Job #	BC #	Job Type	Unit Tag

Vendor TRC Authorization	Name of Authorizer (First and Last Required)	Last 5 Fault Codes

Manufacturer:	
Unit Model # :	
Unit Serial #:	
Failure Code: Required	
Job Name:	
Street Address:	
City:	
State / Zip:	
Start-up Date:	

COMPRESSOR INFORMATION

Old Comp 1 Model #:	
Old Comp 1 Serial #:	
Old Comp 2 Model #:	
Old Comp 2 Serial #:	

Compressor**(s)** Location

Master ☐	Sub 1 ☐	Sub 2 ☐
M1C ☐	M1C ☐	M1C ☐
M2C ☐	M2C ☐	M2C ☐

Failure Code Table

BD - Bent/Dented	RS - Restricted
BS - Burnt/Shorted	RV - Rub/Vibration Damage
CM - Condensation/Moisture	SJ - Solder Join Leak/Crack
CR - Corrosion/Rust	SL - Slab Leak
ET - Electrical Terminals	SO - Sooted
GS - Green Slime	ST - Stuck/Sticking
LK - Leak or Broken	TL - Tubing Leak
NS - Noise	VS - Vibration

Note: Pricing and Availability Subject to Change Without Notice.

All Warranty Orders Subject to Claim Approval.

Forms Required Subject to Change Without Notice.

Quantity	Part # (If known)	Schematic Symbol	Description

ALL warranty part(s) are required to be held for 60 days for audit purposes, whether or not return is required at time of order. Failure to do so will subject you to possible "Failure to Return" invoice in full.

Reset Form