



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:
 Street Address:
 City/State/Zip:
 Ordered By:
Requested By Date:
 DTMI Sales Engineer:

Customer Name:
 Attn or Tag:
 Street Address:
 City/State/Zip:
 Email Address:
 Phone #:
 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