Koch Air LLC

This Form Used for ADP /LG Claims Only

Dealer Number	
Dealer Name	
Job Name or PO Number for Reference	

First and Last Name of End User		Business Name	
Address			
City, St, Zip			

Model Number of Unit	Serial Number of Unit

Install Date of Unit		Fail Date		Repair Date	

	Part Number	Invoice	Serial Number of Part
Failed			
Replaced			
Failed			
Replaced			

What was wrong with the part(s)

Signature	Date

Be sure to email a copy of this completed form to warranty@kochair.com for processing