



Replacement Part Sales Order (TFC use only) No.....
---

# Warranty Goods Return Form

This form **must** be returned fully completed with the faulty item for credit to be processed.

**Please send all returns to:**

**Thermofrost Cryo plc  
 Robert Fawkes House  
 Rea Street South  
 Birmingham  
 B5 6LB**

**Customer Name** .....**A/C no.**.....

**Address**.....  
 .....  
 .....

Unit Model.....S/N.....

Compressor Model.....S/N.....

Warranty Number.....

Date Purchased ...../...../..... Invoice no.....

Date Installed ...../...../.....

Part(s)Returned.....  
 .....  
 .....

Full Details of Failure.....  
 .....  
 .....  
 .....

If full details are not provided this may result in the warranty claim being refused.