

**Kolpak/Harford/RDI Claim Form**

Completion of this form is required for processing service claims.

Service Company's Invoice Number \_\_\_\_\_

Date Failed \_\_\_\_\_ Date Repaired \_\_\_\_\_



Telephone: 1-800-225-9916  
Fax: 1-731-847-5389  
Email: [kpr-warranty@welbilt.com](mailto:kpr-warranty@welbilt.com)

**Service Company Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Kolpak/Harford/RDI  
2915 Tennessee Ave N  
Parsons, TN 38363

**Equipment Location**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax Number \_\_\_\_\_

**\*All claims must be received within 45 days of service.**

**Information for Equipment Repaired**

Model Number \_\_\_\_\_

Install Date \_\_\_\_\_

Walk-In Serial Number \_\_\_\_\_

Condensing Unit Serial Number \_\_\_\_\_

Evaporator Serial Number \_\_\_\_\_

Compressor Serial Number (if compressor was replaced or repaired) \_\_\_\_\_

**\*Include a completed W-9, if not a contracted Kolpak FAS**

Reported Complaint \_\_\_\_\_

**Symptoms and/or summary of diagnosis: (Do not use general terms such as bad, defective, faulty, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**Description of Repair: (List hours and explanation for each repair made. Give exact location of any leaks)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Labor**

Total Hours \_\_\_\_\_ Labor Rate \_\_\_\_\_ Total Labor Charge \_\_\_\_\_

**Travel**

Hours or Miles \_\_\_\_\_ Rate \_\_\_\_\_ Total Travel Charge \_\_\_\_\_

**Refrigerant**

Type Pounds \_\_\_\_\_ Price per Pound \_\_\_\_\_ Refrigerant Total: \_\_\_\_\_

**Parts**

Description \_\_\_\_\_ Quantity \_\_\_\_\_ Charge \_\_\_\_\_

Description \_\_\_\_\_ Quantity \_\_\_\_\_ Charge \_\_\_\_\_

Description \_\_\_\_\_ Quantity \_\_\_\_\_ Charge \_\_\_\_\_

Description \_\_\_\_\_ Quantity \_\_\_\_\_ Charge \_\_\_\_\_

Include a copy of the purchasing part invoice for all parts replaced.

**Miscellaneous fees (up to \$100):**

Description \_\_\_\_\_ Quantity \_\_\_\_\_ Charge \_\_\_\_\_

Description \_\_\_\_\_ Quantity \_\_\_\_\_ Charge \_\_\_\_\_

Description \_\_\_\_\_ Quantity \_\_\_\_\_ Charge \_\_\_\_\_

Sales Tax if applicable): Include rate & total: \_\_\_\_\_

Authorization# : \_\_\_\_\_

Total Charges: \_\_\_\_\_

**\*Required if NOT a Kolpak/Harford/RDI Factory Authorized Service (FAS) provider**