



Warranty Registration

- Submit the warranty claim **promptly** to **MARCELL** using our Warranty Claim Form.
- Please be specific and detailed about the **complaint** (symptoms of the problems), **cause** of the problem and a complete description of the action taken. The more information you provide, the more likely that your claim will proceed without delays.
- Fax a copy of the supplier's invoice along with the warranty claim form.
- We cover the cost of the major **parts** only and one-way freight charges delivered to our distributors.
- Concealed damage claims require photographs of the damage.
- **Digital photos** are very useful in illustrating a problem. Email them to infor@marcellhvac.com when you submit your claim form, and we will forward them along with your claim to the manufacturer.
- This warranty is limited to the repair or replacement of the product at the discretion of the manufacturer. It does not cover personal injury, property loss, or damage (direct, incidental or consequential) arising out of use of any Marcell product under warranty.
- This warranty also does not include the damage by abuse, misapplication, or mishandling.

- All returns must include a Return Merchandise Authorization Number (RMA#). All returns without a RMA # will be refused at our warehouse and returned to the sender. The returned units will be thoroughly inspected to validate their working condition. **RMA# requests are made via our fax/online form Warranty Claim Form**. If we deem the unit to be in proper working condition, the labor and the shipping charges on both directions will be deducted from your refund. If you have NOT informed us of the damage within 10 days, then you have accepted this product in its current condition and a replacement or refund will not be issued. Items must be in original packaging, in good condition with all manuals and accessories. No refund can be issued if any of these items are missing.
- The AC Unit must be installed by the **licensed contractor**.
- We reserve the rights to exchange the unit for the same or comparable model at no cost to you due to the unavailability
- Please allow approximately 30 business days from the day we received your defected one.

*Please print this form, then fax to **905-944-8709** when completed*

Warranty Claim Form	
Distributor Name*	
Address*	
Contact Name & Phone# *	
Installer Company*	
Installation Date*	
Date of Claim *	
Customer Name*	
Address *	
Contact Name & Phone# *	

Information on Failed Unit	
Serial Number-Indoor *	
Serial Number-Outdoor *	
Model No. *	
Failure date *	
Report date *	
Part no. & description of key part that caused failure	
Manufacturer's Parts Used <i>(use continuation sheets if required)</i>	
Quantity & Part#	Description