



Warranty Claim Form

2445 E. Chambers Street

Phoenix, AZ 85040-3633

Phone (602) 266-1635 Fax (602) 266-3161

Date: _____

Door Miser Model #:	<input type="text"/>	← DML120LT (Freezer)	<input type="text"/>	← DML120NT (Cooler)	Serial #:
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Door Miser Model #:	<input type="text"/>	← DVDT	Serial #:
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Store Name:	Store #:	Contact Name:
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Store Address:	City, State & Zip:
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Phone #:	E-Mail Address:
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***Reason for Return:**

<input type="checkbox"/> > Will not activate	<input type="checkbox"/> > Once indicator light comes on the voltage begins to drop from a setting of _____ volts to _____ volts
<input type="checkbox"/> > Stays on all the time	
<input type="checkbox"/> > Red light comes on but power is not coming through the red wire/heater wire	<input type="checkbox"/> > Once indicator light comes on the voltage begins to rise from a setting of _____ volts to _____ volts
<input type="checkbox"/> > Potentiometer problem- Describe:	<input type="checkbox"/> > DM clicks on & off repeatedly
<input type="checkbox"/> > Water damage.	<input type="checkbox"/> > DM chatters
<input type="checkbox"/> > Power cord problem. > Describe:	<input type="checkbox"/> > Other:
<input type="checkbox"/> > Sensor problem. > Describe:	

Additional Notes: _____

Date removed from service: _____

Removed By: _____

Serial numbers must match work order/Installation Completion Form card information in Door Miser, LLC's files. Authorization to return item does not imply Door Miser, LLC, covers units under warranty. Each unit will be examined and a determination of warranty coverage covered by Door Miser, LLC. Short circuit or overload damage will not be covered by warranty. A minimum charge of \$50.00 will be invoiced for units that are returned and found to be in proper operating condition. Units found to be defective will be repaired and returned with no service charge. Door Miser, LLC reserves the right to verify all warranty claims with store owner/manager. Door Miser, LLC will not accept any returns without a copy of this signed approval form by an *authorized Door Miser, LLC agent.*

By signing below, the distributor acknowledges that the above information is correct and true to the best of his/her knowledge and is a true representation of the facts relating to this claim.

Distributor/Agent Signature: _____

Date: _____

For Door Miser, LLC Use Only

Return Accepted By: _____

Date: _____

Return Denied By: _____

Date: _____

Examined By: _____

Date: _____

***Technical Analysis (reason accepted or denied):** _____

Warranty Claim Approved: Yes _____ No _____

Total Credit: \$ _____

Date: _____