

Kolpak/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: 731-847-5389

Email:

kpr-warranty@welbilt.com

Service Company Information

Name _____

Address _____

Phone/Fax Number _____

Email _____

Equipment Location

Name _____

Address _____

Phone/Fax Number _____

***Include a completed W-9, if not a contracted Manitowoc CSR**

***All claims must be received within 60 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) _____

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/RDI authorized service provider)

Mail Claims to:Kolpak/RDI

2915 Tennessee Ave N Parsons, TN 38363

Rev. 02/13/17

TS-00-03F