

2017 Residential TESCO Limited Warranty Response Form

DATE: ____/____/____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE THE SYSTEM WAS INSTALLED: ____/____/____

PLEASE NOTE: TESCO IS NOT RESPONSIBLE FOR ANY REPAIR OR EQUIPMENT REPLACEMENT MADE PRIOR TO TESCO'S DETERMINATION OF A VALID WARRANTY FILING ACCORDING TO THE TERMS OF THE LIMITED PRODUCT WARRANTY.

Please have the electronics repair shop fill out the following information.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

CONTACT NAME:

TAX ID. NO. (required) _____ Years in Business: _____

MODEL NO. OF EQUIPMENT: _____

AGE OF THE DEVICE: _____

DESCRIBE POSSIBLE CAUSE (S) OF FAILURE:

**2016 Residential
TESCO Limited Warranty Response Form (con't)**

Describe proposed fix:

List part(s) cost if any that will need to be replaced:

Please state the approximate fair market value of the appliance (working) proposed to be repaired.

I _____ hereby certify that the information provided is true and accurate and in accordance with applicable governing laws.