COMPRESSOR'S RETURN AUTHORIZATION REQUEST FORM

COMPRESSOR'S INSTALLATION

Date		**Vehicle's km**	

COMPRESSOR'S REMOVAL

Date		**Vehicle's km**	

VEHICLE'S DATA

Make		**Model**	
Registration year		**Fuel**	
License plate nr.		**VIN nr.**	

SYSTEM

A/C	☐	**Refrigeration**	☐

FAULT DETECTED

SYSTEM'S FLUSHING AND RECEIVER DRIER'S REPLACEMENT DECLARATION

Company			
Compressor (make and model)			
Autoclima code			
Purchase date		**Delivery Note nr.**	

The above Company, under its own liability, certifies that, prior to installation of the above compressor, for which warranty is being requested, cooling circuit flushing and receiver drier's replacement have been performed.

Pertinent documents attached.

Date		**Signature**	
Company's stamp			