

HTG Trading Ltd,  
 106 Claydon Business Park, Gt Blakenham, IP6 0NL  
 Telephone : +44 (0)1473 350045  
 Fax : +44(0)1473 350001  
 E-mail : [warranty@htgtrading.co.uk](mailto:warranty@htgtrading.co.uk)  
[www.scotsman-ice.co.uk](http://www.scotsman-ice.co.uk)



## Warranty Claim Form (Parts Only).

Date:	Your Reference:
Model Number of Equipment:	Serial Number:
Claim Made by (Company):	Equipment Installed at:

Installation Date:
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Part Number of Item:	Reason for Failure: (Faulty is not sufficient)	Quantity:

Compressor Serial Number:

If claiming for a compressor under warranty

Are you claiming: (Please tick as appropriate)

Credit for Parts:  Please advise our Invoice Number:

Replacement Parts:

**Note: Please retain claimed parts at your premises for 90 days from the date stated below.**

Signed by:	Date of Claim:
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