



KDIndustries, Inc. 1525 East Lake Road Erie, PA 16511 USA
Phone: 800-840-9577 Fax: 800-548-9392 www.kold-draft.com

June 23, 2010

Compressor In-Warranty Replacement Policy

Objectives

- A. To provide all customers with prompt in-warranty compressor processing.**
- B. To eliminate transportation costs on some in-warranty replacement transactions.**

Warranty

- A. Tecumseh provide a twenty (20) month warranty from the date they manufactured the compressor.**
- B. Kold-Draft provides a five (5) year compressor warranty from the date the ice machine was installed.**

Return Policy

- A. If the compressor fails within the twenty (20) month manufacturer's warranty it must be returned to Kold-Draft.**
- B. If the compressor fails after the twenty month manufacturer's warranty but within the five year Kold-Draft , only the serial plate must be returned to Kold-Draft.**

Compressor Return

- A. Compressors must be capped and sealed , with a completed RETURN MATERIAL TAG, and shipped freight prepaid to Kold-Draft.**

Compressor or Nameplate Return

- A. When the compressor or nameplate is received with a completed RETURN MATERIAL TAG and LABOR CLAIM FORM return the warranty status will be verified by us to honor a warranty replacement / Labor claim.**

BILL OF MATERIAL

BAR CODED # 128 WITH 2:1 RATIO
9 mm NARROW BAR WIDTH (HEIGHT)
(BAR CODES WILL REFLECT EXACTLY THE MAIN
READABLE INFORMATION BELOW EACH WITH A "P"
INSCRIPTED BEGINNING THE PART NUMBER BAR CODE)

APPROPRIATE REFRIGERANT

ELECTRICAL RATING
VOLTS ± CYCLE - PHASE (~ = 1 PHASE, 3 ~ = 3 PHASE)

LRA (LOCKED ROTOR AMPS)

SERIAL NUMBER
BAR CODED # 128 WITH 2:1 RATIO
9 mm NARROW BAR WIDTH (HEIGHT)
(BAR CODES WILL REFLECT EXACTLY THE MAIN READABLE
INFORMATION BELOW EACH WITH A "T" INSCRIPTED
BEGINNING THE SERIAL NUMBER BAR CODE)

SEQUENTIAL 5 DIGIT NUMBER.

SPECIAL IDENTIFICATION

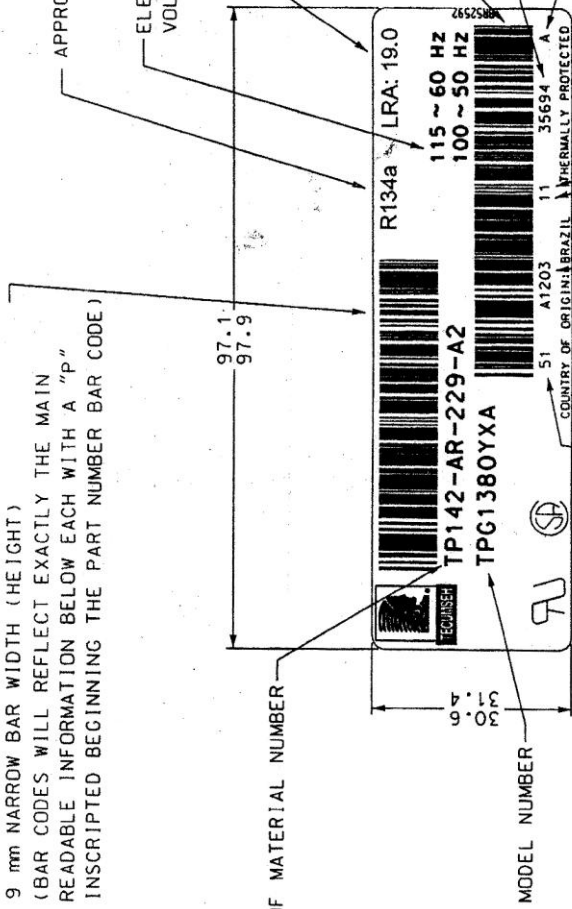
SHIFT
LINE

(SHIFT / LINE CODED IS APPLIED AT FINAL PROCESS)

CODE DATE
LETTER INDICATES MONTH
NEXT (2) DIGITS INDICATE DAY
OF MONTH FOLLOWING (2)
DIGITS INDICATE YEAR.

CODE FOR DIVISION
OF MANUFACTURE

AGENCY MARKINGS
FOR SPECIFIC SIZE & DETAILS
REFER WITH TECUMSEH ENG.
STANDARDS DEPT.



97.1
97.9

MODEL NUMBER

AGENCY MARKINGS

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AS PER THE KDI INDUSTRIES WARRANTY, IT IS AGREED THAT THE ABOVE UNIT WILL BE RETURNED TO KDI INDUSTRIES FOR INSPECTION. SHOULD UNSATISFACTORY OPERATION BE TRACED TO FACTORY DEFECT, A REPLACEMENT WILL BE SENT. RETURN MUST BE ON PREPAID FREIGHT BASIS.

KDI Industries, Inc.
 1525 EAST LAKE ROAD
 ERIE, PENNSYLVANIA 16511-1088



8 SIGNATURE _____ TODAY'S DATE _____

1			
ADDRESS			
CITY, STATE, ZIP CODE			
ITEM BEING RETURNED	2	PART NO. ONLY	DATE REMOVED
	3	DESCRIPTION	
4	DESCRIBE DEFECT	LABOR CLAIM #	
5	REMOVED FROM	PRODUCT MODEL NO.	SERIAL NO.
6	DISTRIBUTORS NAME		
	ADDRESS		
	CITY, STATE, ZIP CODE		
			7
			PART RETURNED TO FACTORY?
			<input type="checkbox"/> YES <input type="checkbox"/> NO

ALL RETURN PARTS MUST BE TAGGED

Kold-Draft
1525 East Lake Road
Erie, PA 16511



Phone: 814/453-6761
Fax: 814/455-6336

WARRANTY LABOR CLAIM FORM

- (1) One model & serial number per claim.
- (2) All claims must be submitted through the local Kold-Draft Distributor within 30 days of repair.
- (3) When submitting claim, attach original service bills and all white copy(s) of return material tag(s).
- (4) Shaded areas for factory use only.
- (5) Must be submitted in legible form (print).
- (6) If remote condenser is used, provide make and model No. here _____

Model No. _____ Serial No. _____ Date Repaired _____

Registered Service Agent No. _____ Company Name _____ Address _____ City _____ State _____ Zip _____ Distributor _____ No. # _____	Customer (End User) _____ Owner/Mgr. _____ Address _____ City _____ State _____ Zip _____ Phone # _____ Work Ticket No. # _____
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LIST ALL PARTS REPLACED

Kold-Draft Part # Replaced	Description	Kold-Draft Return Material Tag #

In-warranty parts are to be obtained through the local Kold-Draft distributor.
Attach white copy(s) of return material tag(s) with this form.

SPECIFIED COMPLAINT: ORIGINAL SERVICE BILL MUST BE ATTACHED

WARRANTY SERVICE PERFORMED (Give specific description of each problem repair and list number of hours of each repair. Also give exact location of refrigeration leaks. _____

	Hrs. Claimed	HA

REFRIGERANT USED:

Hours allowed _____ x Factory approved straight time labor rate.	TOTAL LABOR ALLOWANCE	\$ _____
Refrigerant	REFRIGERANT ALLOWANCE	\$ _____
	ADJUSTMENTS ALLOWANCE	\$ _____
	INVOICE TOTAL	\$ _____

AUDITED BY:

DISTRIBUTOR _____ Date: _____
(Signature)

SERVICE TECHNICIAN _____ Date: _____
(Signature)

(Print Name)