

MUNCH'S
SUPPLY

EST. 1956

WE MAKE IT EASY™

TOMMARK

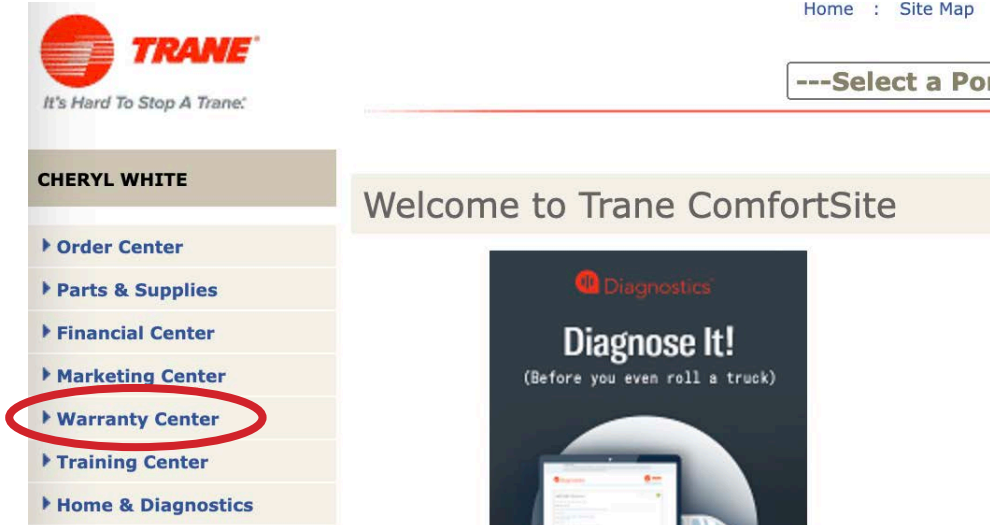
A MUNCH'S SUPPLY COMPANY

WARRANTY CLAIM INSTRUCTIONS

For Trane dealers only

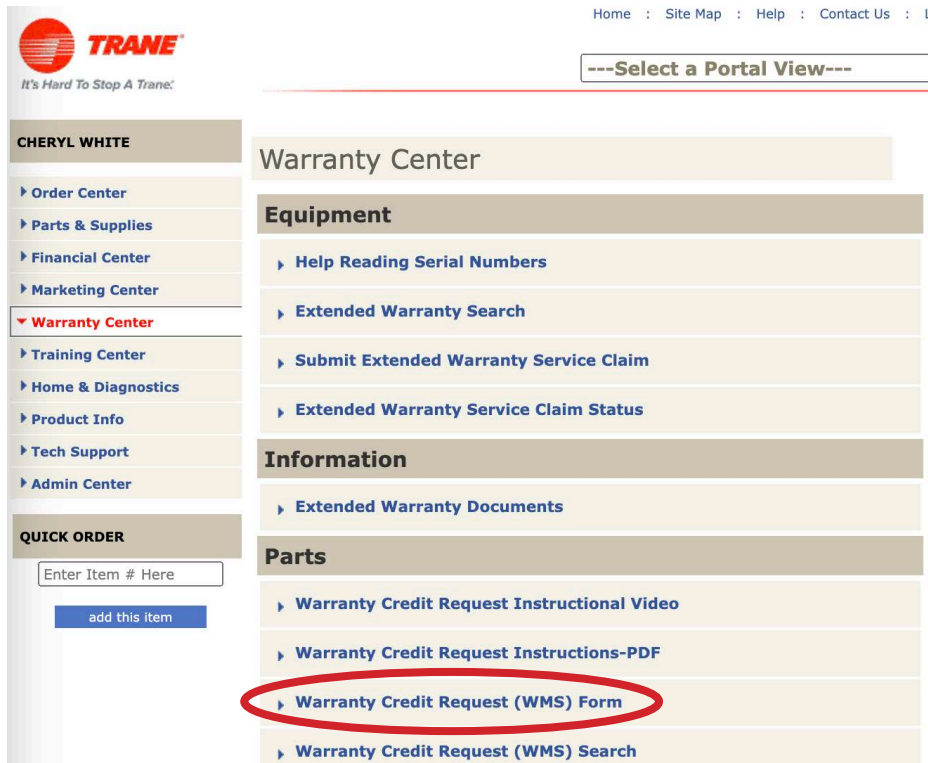
First, log in to Trane ComfortSite. Then, on the screen's left side, click "Warranty Center."

[Home](#) : [Site Map](#)



On the next screen, click "Warranty Credit Request (WMS) Form."

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A new tab will open with the WCR form; your name and dealer information will be prepopulated in the first section.

Warranty Credit Request (WCR)		WCR Search
Dealer/Service Information		
Name:	This will all populate with your name and dealer information	
EC Customer ID:		
Address:		
City, State, Postal Code:		
Email:		
Fax:		

Next, enter the PO# that was used on the original order.

Work Order Number(PO#): *	<input type="text"/>
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If you know that the customer has an extended warranty, check the box and follow the steps.

In “Claim Information,” always click on “Invoice Credit” and enter the Munch’s Supply invoice or order number.

Status:	Not yet Submitted	
LCU Extended Warranty Program:	<input type="checkbox"/>	
Claim Information		
Claim Type:	Machine <input type="radio"/> Part Replacement <input checked="" type="radio"/> Invoice Credit	
	Order No. to Credit: *	<input type="text"/>

Enter the unit’s serial number where the part was installed/replaced.

Once the serial number is entered, the model number will populate.

A calendar will pop up when you click on the “Failure Date” box. Select the corresponding date.

“Fault Location” means the fault code. Please use the prefix PRT followed by the proper three-digit code (e.g., PRT013). The “List of Fault Codes” is the same list located on the paper copy of the WCR form.

Product Information	
Product Serial Number: *	<input type="text"/>
Model Number:	
Sales Order Number:	<input type="checkbox"/>
Failure Date: *	<input type="text" value="MM/DD/YYYY"/>
Fault Location:	<input type="text"/> List of Fault Codes

The address where the equipment was registered will prepopulate, but you will have to enter the homeowner's name.

Equipment Location Information	
Name : *	<input type="text"/>
Address Line 1 : *	<input type="text"/>
Address Line 2 :	<input type="text"/>
City : *	<input type="text"/>
State : *	<input type="text" value=""/>
Country : *	<input type="text" value=""/>
Postal Code : *	<input type="text"/>

Enter your contact information if it was not auto-filled.

Contact Information	
Claim Contact Name: *	<input type="text" value="Contact Person"/>
Claim Contact Phone Number:	<input type="text" value="Dealer Phone number"/>
Claim E-Mail Address:	<input type="text" value="Contact persons email address"/> *Please ensure this is the correct E-mail.
Submit to this Warehouse: *	<input type="text" value="MUNCHS SUPPLY LLC"/>

Under "Distributor Information," enter Munch's Supply information if it is not auto-filled.

Distributor Information	
Name:	MUNCHS SUPPLY LLC
Address:	1901 FERRO DRIVE
City:	NEW LENOX

Removed Parts				
Serial Number	Part Item Number	Description	Quantity	<input type="button" value="Add Row"/>

Installed Parts				
Serial Number	Part Item Number	Description	Quantity	<input type="button" value="Add Row"/>

Note: If you click the “Add Row” three times in the top section, ensure that you click the bottom “Add Row” three times.

Removed Parts

Serial Number	Part Item Number	Description	Quantity	Add Row
<input type="text"/>	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Installed Parts

Serial Number	Part Item Number	Description	Quantity	Add Row
<input type="text"/>	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

You can enter as many parts as possible for the same unit.

You must fill in both “Removed Parts” and “Installed Parts.”

Note: In some cases, the part numbers are the same and sometimes they are replaced. Enter the same part number in both sections.

ALL PARTS THAT HAVE A SERIAL NUMBER MUST HAVE BOTH THE FAILED SERIAL NUMBER AND THE REPLACEMENT SERIAL NUMBER (e.g., compressors, thermostats, coils and heat strips.)

Removed Parts

Serial Number	Part Item Number	Description	Quantity	Add Row
14aa2354gn	COM11207	COMPRESSOR; SCROLL, ALLIANCE, SXE032C3RPZ, 200/230-60-3, R22 WITH POE, ROTOLock, SUCTION 3/4, DISCHARGE 1/2	1	
<input type="text"/>	DHY01452	DRIER; BI-FLOW; SERVICE FIRST; 16 CU. IN; DCB163S, 3/8 ODF CONNECTIONS; 5.7 TON CAPACITY; APPROVED FOR MINERAL OIL AND POE OIL REFRIGERANTS; MANUFACTU	1	
<input type="text"/>	CPT00068	CAPACITOR; 35 MFD, 440V, OVAL	1	

Installed Parts

Serial Number	Part Item Number	Description	Quantity	Add Row
18zz7896cc	COM11207	COMPRESSOR; SCROLL, ALLIANCE, SXE032C3RPZ, 200/230-60-3, R22 WITH POE, ROTOLock, SUCTION 3/4, DISCHARGE 1/2	1	
<input type="text"/>	DHY01452	DRIER; BI-FLOW; SERVICE FIRST; 16 CU. IN; DCB163S, 3/8 ODF CONNECTIONS; 5.7 TON CAPACITY; APPROVED FOR MINERAL OIL AND POE OIL REFRIGERANTS; MANUFACTU	1	
<input type="text"/>	CPT00068	CAPACITOR; 35 MFD, 440V, OVAL	1	

There will be a “Notes” section on the bottom of the page for you to add any additional information.

When you are finished, click “Submit.”

Notes

Special Notes (Shipping ,claim, etc.):

Submit