



Warranty Claim Guide

This guide is for **U.S. CUSTOMERS ONLY**.

FREQUENTLY ASKED QUESTIONS

■ New and Unused Returns:

- RMA form is located on the website at www.marsdelivers.com.
 - Resources.
 - Warranty information.
 - Print out New and Unused RMA form and follow the instructions.

■ Notification of Claim Receipt:

- Notification of received claims and status updates will not be reflected in the system.
- Keep the copy you receive via Email when the original claim is filed.
- Check the “My Credits” location on the website beginning two weeks after filing claim.

■ Timeframe for Filing:

- Claims must be filed within 30 days of product failure (extenuating circumstances will be considered).

■ Timeframe for Credit to be Issued:

- Claims may take 30 days to process (possibly longer during peak season).

■ MARS Technician Name:

- **Major Equipment: MUST HAVE AUTHORIZATION BEFORE CHANGEOUT**
 - Geothermal, Watersource, Furnaces, Condensers, Coils, Air-Handlers, Mini-Splits and PTAC's.
- **Parts or Room Air:** KMOLNAR or name of MARS employee authorizing the claim.

■ Replacement Parts:

- MARS/Heat Controller no longer sends out “no charge” replacement parts. A part claim will always need to be filed on the website.

■ Freight Charges:

- Warranty does not cover freight charges.

■ Authorization to Return Parts:

- All returns require prior authorization.
- Without authorization, a service fee of \$5.00 for parts and \$25.00 for compressors will be deducted from the total credit.

■ Compressors:

- Rating plates DO NOT need to be returned with claims
- The claim must include the serial numbers from both the defective and the replacement compressors at the time of filing claim.

■ Timeframe to Keep Claimed Product:

- Please keep the product until the credit is received.
- Should MARS/HC need the product back an RMA will be sent to you via the email listed on the claim and will include shipping instructions.

- The warranty claim will be rejected in the system.
 - Credit will be issued upon receipt or inspection.
- **Please Note:**
- Any missing or incorrect information may result in a delay of credit.

TO CHECK STATUS & LOCATE A CREDIT

1. My Account.
2. My Credits.
3. Claim Number will be listed under the heading “Customer PO” (Ex: Claim 12345).
4. You can print a copy of the credit by clicking the blue hyperlink under “Order #”.
5. Select “Print Credit” in the upper right-hand corner.
6. An Email address box will appear with your Email listed.
7. Select “Print Credit” for a copy of the credit to be sent to your Email address.

WARRANTY FILING QUESTIONS

■ **General Warranty Questions:**

- Customer Service
- Email: customerservice@marsdelivers.com
- Phone: 517-787-2100

■ **Warranty Filing Questions:**

- Kelly Molnar
- Email: hc-warranty@marsdelivers.com
- Phone: 517-780-3227

ONLINE WARRANTY CLAIM INSTRUCTIONS



English Español
Contractors Log Out

Select **My Account**, then **My Credits**.
See **Warranty Filing Guide**.

Motors HVAC/R Components Service & Installation JARD Fan Blades Tools & Instruments Refrigeration **My Account** Resources

Search: Search

0 Items

My Account > Warranty Claim

Warranty Claims for Comfort-Aire & Century Products Only

Any Questions regarding warranty claims contact customer service or email us.
Tel: 877.442.4482 or

New & Unused - Email: HC-RMA@marsdelivers.com Defective - Email: HC-Warranty@marsdelivers.com

CLICK HERE TO OPEN
How to Guide - Warranty Claims

Select to view
and print guide.

Warranty Claim Info

Submitter Contact Information

Contact information of the person entering claim.

First Name: Required

Last Name: Required

Phone: Ext.: Optional

Email: Required

MARS Technician Name: Required

See [Frequently Asked Questions](#)

Product Information

Model Number: Required for ALL Claims



[CLICK HERE](#) to search Model Number

Serial Number: Required for ALL Claims

Install Date: Required for ALL Claims

Failure Date: Required for ALL Claims

Nature of Failure: Reason part or equipment failed

PO/Debit Memo Number: Optional

Enter your Company's internal reverse Purchase Order or Debit Memo # that you want referenced on the claim.

Replacement PO Number: Required for ALL Claims (excluding labor)

The replacement P.O. # for the part/equipment purchased from MARS/HC.

Claim Type (Select the type of claim you are filing)

Equipment Parts Labor
 Home Owner Information Available

Parts Purchased from Another Vendor:

- Put "See ATT POP inbox"
- Email Proof of Purchase to: hc-warranty@marsdelivers.com with claim number in subject line. **Example:** POP Claim 12345

Parts Detail (Enter valid HC part number – contact Customer Service if you need assistance)

Part Number	Defect	Defective Serial Number (Compressors Only)	Replacement Serial Number (Compressors Only)
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[CLICK HERE](#) to search Part Number

[CLICK HERE](#) to search Defect Code

Labor

A labor claim may be filed independently, or combined with a part/equipment claim.

Labor Amount Requested:

The Labor Amount requested is subject to approval and may not be the final amount authorized for credit.

Labor Description:

Service Provider Name:

Service Provider Address:

Service Provider City:

Service Provider State: Zip:

Service Provider Country:

Home Owner Information (Optional)

Name:

Address:

City:

State: Zip:

Country:

Review all information carefully before submitting. You will not be able to edit the form and may have to re-enter the claim.

Note: When successfully submitted, there will be a claim number on the upper left corner of the screen (green box). An Email confirmation of the claim will be sent to the address on record.



MARS
 250 Rabro Drive East
 Hauppauge, NY 11788
Phone: (631)348-0200
Fax: (631)348-7160

Claim Number: 48684
Date: 06/24/2017
Account: 10000-10000
Name: Baker Distributing Co

Warranty Claim Info

Submitter Contact Information

First Name: KELLY
Last Name: MOLNAR
Phone: 517-780-3227 **Ext.:**
Email: KMolnar@marsdelivers.com
MARS Technician Name: KMOLNAR

EXAMPLE OF SUBMITTED CLAIM

Product Information

Model Number: HTV048A1C01JLK
Model Number Description: WSHP 48K 2-SPD GEO W/HWG ECM L VERT CUNI 208/230-1-60
Serial Number: SN OF DEFECTIVE UNIT
Install Date: 06/23/2017
Failure Date: 06/23/2017
Nature of Failure: DEFECTIVE ISSUE
PO/Debit Memo Number:
Replacement PO Number:

Claim Type

- Equipment Parts Labor
 Home Owner Information Available

Parts Detail

Part Number	Defect	Defective Serial Number (Compressors Only)	Replacement Serial Number (Compressors Only)
15B0013N15 - CAPACITOR	Stopped Working		

Labor

Labor Amount Requested: 100.00
Labor Description: CHANGED CAPACITOR
Service Provider Name: HVAC CONTRACTOR
Service Provider Address: CONTRACTOR ADDRESS
Service Provider City: CONTRACTOR CITY
Service Provider State: MI **Zip:** 49203
Service Provider Country: US