

**PURCHASE ORDER/  
CONTROL #** \_\_\_\_\_

<b>COMMERCIAL LAUNDRY PARTS WARRANTY</b>
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**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**PARTS ACCT. #:** \_\_\_\_\_  
**PHONE #:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_

- CHECK HERE IF ***REPLACEMENT*** PART REQUESTED.
- CHECK HERE IF ***CREDIT ONLY*** REQUESTED

**REASON FOR REQUESTING REPLACEMENT:** \_\_\_\_\_

<b>PART #</b>	<b>QTY</b>	<b>DESCRIPTION</b>	<b>WASHER OR DRYER MODEL #</b>	<b>SERIAL #</b>	<b>APPLIANCE OR PARTS INVOICE #</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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**SEND FORM TO:**  
GE  
903 S. Rural Road #101  
Box 395  
TEMPE, AZ 85281  
OR FAX TO **1 866 841 9442**

**NOTE:** PART WILL BE SENT TO CUSTOMER ADDRESS ABOVE UNLESS NOTED OTHERWISE. THE RETURN OF OLD PARTS TO GE MAY BE REQUESTED.