PART CLAIM FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN ORDER TO RECEIVE PROPER AND PROMPT CREDIT (KEEP A COPY FOR YOUR RECORDS)



Mail Form To: American

Today's Date: (mm/dd/yyyy)

ATTN: Warranty Administration 500 Tennessee Waltz Parkway

Ashland City, TN 37015

Or Email To: wsvcesupport@hotwater.com

Your Information			Contractor Information			
Your Customer #: (or fill out Customer Name and Address below)			Contractor Name			
Customer Name Address			Contractor Ema	ail Address (if avail	able)	
City	State	Zip Code	Address			
Phone #			City		State	Zip Code
Your Debit or PO #:			Contractor Pho	one #		
Service Information				Check One:	Credit	Replacement
End User Name			Re	ason for Part	: Replacen	nent:
Street Address						
City	State	Zip Code				
End User Phone #						
Residential or Commercial Install	ation: Res	Comm				
Install Date (mm/dd/yyyy)	Failure Date (mm	/dd/yyyy)				
Model Number	Serial Number					
Part Number	Description					
			_			
Return Authorization Number (if required)						

IMPORTANT

- · Claims must be submitted
- A "proof of purchase" must be provided when the serial number of the water heater within 30 days of failure date. indicates it is out of warranty.
- · All warranty claims will be audited. Incomplete claims will be denied.