

WATER HEATER 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
ATTN: Warranty Administration
500 Tennessee Waltz Parkway
Ashland City, TN 37015

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

Distributor Information	Contractor Information
<p>Your Customer #: _____ (or fill out Customer Name and Address below)</p> <p>Customer Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone # _____</p> <p>Your Debit or PO #: _____</p>	<p>Contractor Name _____</p> <p>Contractor Email Address (if available) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Contractor Phone # _____</p>

Leaking Tank Information	
<p>End User Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>End User Phone # _____</p> <p>Residential or Commercial Installation: __ Res __ Comm</p> <p>Install Date (mm/dd/yyyy) _____ Failure Date (mm/dd/yyyy) _____</p> <p>Model Number _____ Serial Number _____</p> <p>Leak Location (if known) _____</p> <p>Return Authorization Number (if required) _____</p>	<p>Attach the Rating Plate showing the Model and Serial Number of the leaking Water Heater here. (Do NOT use staples)</p> <p>ATTENTION: Must be original Rating Plate Sticker. Failure to provide will result in claim being denied.</p>

Replacement Heater Information	
<p>Model Number _____ Serial Number _____</p> <p>Replacement Date (mm/dd/yyyy) _____</p>	<p>Stick the Yellow Shipping Tag with the Model and Serial Number from the replacement unit here or write the serial number in the space provided.</p>

<p>IMPORTANT</p> <ul style="list-style-type: none">• Claims must be submitted within 30 days of failure date.	<ul style="list-style-type: none">• A "proof of purchase" must be provided when the serial number of the water heater indicates it is out of warranty.• All warranty claims will be audited. Incomplete claims will be denied.
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