

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:
A.O. SMITH
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> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Customer Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Address</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">City State Zip Code</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Phone #</div> <p>Your Debit or PO #: _____</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Contractor Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Contractor Email Address (if available)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Address</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">City State Zip Code</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Contractor Phone #</div>

Leaking Tank Information	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">End User Name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Street Address</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">City State Zip Code</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">End User Phone #</div> <p>Residential or Commercial Installation: <input type="checkbox"/> Res <input type="checkbox"/> Comm</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Install Date (mm/dd/yyyy) Failure Date (mm/dd/yyyy)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Model Number Serial Number</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Leak Location (if known)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Return Authorization Number (if required)</div>	<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	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Model Number Serial Number</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Replacement Date (mm/dd/yyyy)</div>	<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>

IMPORTANT	<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.
<ul style="list-style-type: none"> Claims must be submitted within 30 days of failure date. 	