

CONTRACTED SERVICE PROVIDER CLAIM FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN ORDER TO ENSURE CLAIMS ARE PAID PROMPTLY (KEEP A COPY FOR YOUR RECORDS)



Mail Form To:
 A.O. SMITH
 ATTN: Warranty Administration
 500 Tennessee Waltz Parkway
 Ashland City, TN 37015
 Or Email To: wsvcesupport@hotmail.com

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

Contracted Service Provider Information	COMMERCIAL					
Service Provider Name _____	Drive Zone: <table style="display: inline-table; border: 1px solid black;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">5</td></tr></table> (circle one)	1	2	3	4	5
1	2	3	4	5		
Address _____	*Drive Zone applies only to Commercial Labor Claims *Drive Zone DOES NOT APPLY to Residential Labor Claims					
City _____ State _____ Zip Code _____	Metro Zone Area <input type="checkbox"/> Yes or <input type="checkbox"/> No (circle one)					
Phone # _____	Total Repair Time _____ hours					
Email Address _____	Total Invoice Amount \$ _____					
Your Debit or PO #: _____	RESIDENTIAL					
	Fixed Labor Rate \$ _____					

Service Provider's Signature: _____	Service Information
	Diagnosis: _____ _____
	Action Taken: _____
Service Information	Part Used (If Applicable):
End User Name _____	Part Number / Description:
Street Address _____	
City _____ State _____ Zip Code _____	Residential or Commercial Installation: <input type="checkbox"/> Res <input type="checkbox"/> Comm
End User Phone # _____	Diagnostics to Support Part(s) Replacement: _____
Model Number _____ Series _____ Serial Number Install _____	
Date (mm/dd/yyyy) _____ Failure Date (mm/dd/yyyy) _____	
Date Call Taken (mm/dd/yyyy) _____ Date of Service (mm/dd/yyyy) _____	Check One: <input type="checkbox"/> Credit <input type="checkbox"/> Replacement

IMPORTANT	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.
Claims must be submitted within 30 days of failure date.		