## 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
Your Customer #: (or fill out Customer Name and Address below)	October News
Customer Name	Contractor Name Contractor Email Address (if available)
City State Zip Code	Address
Phone #	City State Zip Code
Your Debit or PO #:	Contractor Phone #

Leaking Tank Information		
End User Name		
Street Address		Attach the Rating Plate showing the Model and Serial Number of the leaking Water
City State	Zip Code	Heater here.
End User Phone #		(Do NOT use staples)
Residential or Commercial Installation:	Res Comm	
		ATTENTION:
Install Date (mm/dd/yyyy) Failure	Date (mm/dd/yyyy)	Must be original Rating Plate Sticker.
Model Number Serial	Number	Failure to provide will result in claim being denied.
	Number	demed.
Leak Location (if known)		
Return Authorization Number (if required)		
Replacement Heater Information		
		Stick the Yellow Shipping Tag with the Model
Model Number Serial	Number	and Serial Number from the replacement
		unit here or write the serial number in the
Replacement Date (mm/dd/yyyy)		space provided.
• A "proof of purchase" must • All warranty claims will be		
• A "proof of purchase" must • All warranty claims will be be provided when the serial audited. Incomplete claims		
Claims must be submitted number of the water heater will be denied.		

within 30 days of failure date. indicates it is out of warranty.