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)

A.O. Smith · State Water Heaters · American Water Heaters

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

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

Clear Form | Print Form | Email Form

Contracted Service Provider Information

Service Provider Name

Address

City State Zip Code

Phone #

Email Address

Your Debit or PO #: _____

COMMERCIAL

Drive Zone: 1 2 3 4 5 **(circle one)**

*Drive Zone applies only to Commercial Labor Claims
*Drive Zone DOES NOT APPLY to Residential Labor Claims

Metro Zone Area ☐ Yes or ☐ No (circle one)

Total Repair Time _____ hours

Total Invoice Amount $ _____

RESIDENTIAL

Fixed Labor Rate $ _____

Service Provider's Signature:

Service Information

End User Name

Street Address

City State Zip Code

End User Phone #

Residential or Commercial Installation: ☐ Res ☐ Comm

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)

Service Information

Diagnosis:

Action Taken:

Part Used (If Applicable):	**Part Number / Description:**

Diagnostics to Support Part(s) Replacement:

Check One: ☐ **Credit** ☐ **Replacement**

IMPORTANT

- **Claims must be submitted within 30 days of failure date.**
- **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.**