WATER HEATERS

## 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
Or Email To: wsvcesupport@hotwater.com

Print Form

Email Form

| Your Information | Contractor Information |  |
| :---: | :---: | :---: |
| Your Customer \#: $\qquad$ (or fill out Customer Name and Address below) |  |  |
|  | Contractor Name |  |
| Customer Name | Contractor Email Address (if available) |  |
| Address |  |  |
| City $\quad$ State $\quad$ Zip Code | $\overline{\text { Address }}$ |  |
| Phone \# | City State | Zip Code |
| Your Debit or PO \#: | Contractor Phone \# |  |


| Service Information | Check One: | Credit | Replacement |
| :---: | :---: | :---: | :---: |
| End User Name | Reason for Part Replacement: |  |  |
| Street Address |  |  |  |
| $\begin{array}{lll}\text { City } & \text { State } & \text { Zip Code }\end{array}$ |  |  |  |
| End User Phone \# <br> Residential or Commercial Installation: $\square$ Res $\square$ Comm |  |  |  |
|  |  |  |  |
| Install Date (mm/dd/yyyy) Failure Date (mm/dd/yyyy) |  |  |  |
| Model Number Serial Number |  |  |  |
| Part Number Description |  |  |  |
| Return Authorization Number (if required) |  |  |  |

## IMPORTANT

- Claims must be submitted within 30 days of failure date. indicates it is out of warranty.
- All warranty claims will be audited. Incomplete claims will be denied.

