## DISTRIBUTOR PART 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

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

ATTN: Warranty Administration 500 Tennessee Waltz Parkway Ashland City, TN 37015

Or Email To: wsvcesupport@hotwater.com

Your Information			Contractor information			
Your Customer #:(or fill out Customer Name and Addr	ess below)		Contractor Name			
Customer Name			Contractor Name			
Address			Contractor Email A	ddress (if avail	able)	
City	State	Zip Code	Address			
Phone #			City		State	Zip Code
Your Debit or PO #:			Contractor Phone #	#		
Service Information				Check One:	Credit	Replacement
End User Name			Reas	on for Part	t Replacer	ment:
Street Address						
City	State	Zip Code				
End User Phone #						
Residential or Commercial Installation: Res Comm						
Înstall Date (mm/dd/yyyy)	Failure Date (mm	n/dd/yyyy)				
Model Number	Serial Number		-			
Part Number	Description		_			
Return Authorization Number (if	required)					

## **IMPORTANT**

- · Claims must be submitted
- A "proof of purchase" must be provided when the serial number of the water heater within 30 days of failure date. indicates it is out of warranty.
- · All warranty claims will be audited. Incomplete claims will be denied.