## 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)





Today's Date: Mail Form To: A.O. SMITH (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 Address below)					
	,		Contractor Name		
Customer Name			Contractor Email Address (if available)		
Address			Address		
City	State	Zip Code	City State	Zin Codo	
Phone #			City State	Zip Code	
Your Debit or PO #:			Contractor Phone #		
Service Information			Check One: Credit _	_ Replacement	
			Reason for Part Replacem	ent:	
End User Name					
Street Address			-		
City	State	Zip Code			
End User Phone #					
Residential or Commercial Install	ation: Res	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

• 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.