

# 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:**  
American  
ATTN: Credit Department  
P.O. Box 1597  
Johnson City, TN 37605

**Today's Date:**  
(mm/dd/yyyy) \_\_\_\_\_

Distributor Information	Contractor Information
<b>Your Customer #:</b> _____ (or fill out Customer Name and Address below)	
Customer Name	Contractor Name
Address	Contractor Email Address (if available)
City State Zip Code	Address
Phone #	City State Zip Code
<b>Your Debit or PO #:</b> _____	Contractor Phone #

Leaking Tank Information	
End User Name	<p><b>Attach the Rating Plate showing the Model and Serial Number of the leaking Water Heater here. (Do NOT use staples)</b></p> <p><b>ATTENTION:</b> <b>Must be original Rating Plate Sticker. Failure to provide will result in claim being denied.</b></p>
Street Address	
City State Zip Code	
End User Phone #	
Residential or Commercial Installation: <input type="checkbox"/> Res <input type="checkbox"/> Comm	
Install Date (mm/dd/yyyy) Failure Date (mm/dd/yyyy)	
Model Number Serial Number	
Leak Location (if known)	
Return Authorization Number (if required)	

Replacement Heater Information	
Model Number Serial Number	<p><b>Stick the Yellow Shipping Tag with the Model and Serial Number from the replacement unit here or write the serial number in the space provided.</b></p>
Replacement Date (mm/dd/yyyy)	

<b>IMPORTANT</b>	<ul style="list-style-type: none"> <li>• A "proof of purchase" must be provided when the serial number of the water heater indicates it is out of warranty.</li> <li>• All warranty claims will be audited. Incomplete claims will be denied.</li> </ul>
<ul style="list-style-type: none"> <li>• Claims must be submitted within 30 days of failure date.</li> </ul>	