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

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

Your Information		Contracto	r Information		No. (See Sec. Mariane)
Your Customer #:(or fill out Customer Name and A	ddress below)				
The second second commence of the second sec		Contractor Name			
Customer Name		Contractor En	nail Address (if availa	hio)	
Address		Contractor En	iaii Addiess (ii availa	uie)	
Au	Address				
City	State Zip Code				
Phone #	ENTERPORTUNIA INTERNATIONALIA INTERNATIONA	City		State	Zip Code
Your Debit or PO #:		Contractor Ph	one #		
Service Information			Check One:	Credit	Replacement
End User Name		R	eason for Part	Replacen	ient:
Street Address					
City	State Zip Code				10.000 m
•	•				
End User Phone #					
Residential or Commercial Ins	stallation: Res Comm			The Section of the Se	
Residential of Commercial ins	stallation.	400 p. 188742	547 4634 547 254		
Install Date (mm/dd/yyyy)	Failure Date (mm/dd/yyyy)		144 144 144 144 144 144 144 144 144 144		G DIE
		i i i i i i i i i i i i i i i i i i i		Skilling of the	
Model Number	Serial Number		(基)		
Part Number	Description	-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2000			(G) Sec 18 (c)	
	1				
Return Authorization Number	(if required)	19 (30) 400 400 504			

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.