

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:
US CRAFTMASTER
ATTN: Warranty Administration
P.O. Box 1597
Johnson City, TN 37605

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

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

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

Replacement Heater Information	
<hr/> Model Number Serial Number Cash Refund <hr/> Replacement Date (mm/dd/yyyy)	<p>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.</p>

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