

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	Contractor Information
<p>Your Customer #: _____ (or fill out Customer Name and Address below)</p> <div style="border: 1px solid black; padding: 2px;"> <p>Customer Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone # _____</p> </div> <p>Your Debit or PO #: _____</p>	<p>Contractor Name _____</p> <p>Contractor Email Address (if available) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Contractor Phone # _____</p>

Service Information	Check One: <input type="checkbox"/> Credit <input type="checkbox"/> Replacement				
<p>End User Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>End User Phone # _____</p> <p>Residential or Commercial Installation: <input type="checkbox"/> Res <input type="checkbox"/> Comm</p> <p>Install Date (mm/dd/yyyy) _____ Failure Date (mm/dd/yyyy) _____</p> <p>Model Number _____ Serial Number _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;">Part Number</td> <td style="padding: 2px;">Description</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table> <p>Return Authorization Number (if required) _____</p>	Part Number	Description			<p style="text-align: center; font-weight: bold; font-size: 1.2em;">Reason for Part Replacement:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Part Number	Description				

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