

# 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
<p><b>Your Customer #:</b> _____ (or fill out Customer Name and Address below)</p> <p>Customer Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone # _____</p> <p><b>Your Debit or PO #:</b> _____</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>

Leaking Tank Information	
<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:   __ Res   __ Comm</p> <p>Install Date (mm/dd/yyyy) _____ Failure Date (mm/dd/yyyy) _____</p> <p>Model Number _____ Serial Number _____</p> <p>Leak Location (if known) _____</p> <p>Return Authorization Number (if required) _____</p>	<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: Must be original Rating Plate Sticker. Failure to provide will result in claim being denied.</b></p>

Replacement Heater Information	
<p>Model Number _____ Serial Number _____</p> <p>Replacement Date (mm/dd/yyyy) _____</p>	<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>

<p><b>IMPORTANT</b></p> <ul style="list-style-type: none"><li>• Claims must be submitted within 30 days of failure date.</li></ul>	<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>
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