



FAX 706-790-5688 Date Received: _____

Product Warranty Claim Form

Distributor / Dealer Information:

Name: _____ EMAIL : _____
Address: _____ Mobile: () _____
City / State: _____ Zip Code: _____ Work: () _____

Customer Information:

Owner Name: _____ EMAIL: _____
Address: _____ Mobile: () _____
City / State: _____ Zip Code: _____ Work: () _____

Shipping Information: If the warranty is approved and requires replacement product or parts, please list the shipping information where the items are to be sent. Customer may be responsible for shipping costs.

Name: _____
Address: _____
City / State: _____ Zip Code: _____

Product Information:

Model Number: _____
Serial Number: _____
Date Installed: _____

Parts Required For Repair

Please list Waterco PN's

Purchase Information:

Date Purchased from Waterco : _____
PO Number or: _____
SO Number: _____
Invoice Number: _____

Please list any additional items needed for repair but not supplied by Waterco

Item used	Qty	Cost ea

Detail Problem _____

Approved by _____

Date _____