



# WARRANTY CLAIM FORM

*"Commitment to Innovation"*

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*Note: This form must be completed in its entirety. Incomplete forms may not be processed.*

*Please print or type.*

Model No.	Serial No.	Orig. Purchase Date of Equip.	Installation Date of Heater	Failure Date
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DISTRIBUTOR: (NAME, ADDRESS, PHONE)	END-USER: (NAME, ADDRESS, PHONE)	INSTALLER: (NAME, ADDRESS, PHONE)
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DESCRIPTION OF PROBLEM AND REPAIR WORK PERFORMED:

PART(S) USED:				PLEASE CHECK ONE
<u>ITEM NO</u>	<u>QTY USED</u>	<u>QTY RTND</u>	<u>DESCRIPTION</u>	Upon warranty approval:
_____	_____	_____	_____	<input type="checkbox"/> Repair & Return Parts
_____	_____	_____	_____	<input type="checkbox"/> Ship Replacement Parts
_____	_____	_____	_____	<input type="checkbox"/> Credit for Parts Already Received
_____	_____	_____	_____	Part Invoice # _____
_____	_____	_____	_____	On Account _____

DISTRIBUTOR/CONTRACTOR SIGNATURE: \_\_\_\_\_

**--- STEFFES INTERNAL USE ONLY ~ DO NOT WRITE BELOW THIS LINE ---**

Date:	Examined by:	Within Warranty Period: YES <input type="checkbox"/> NO <input type="checkbox"/>	Valid: YES <input type="checkbox"/> NO <input type="checkbox"/>	Warranty Status: APPROVE <input type="checkbox"/> DENY <input type="checkbox"/>	Disposition (circle one): R S V L I
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FINDINGS:

COMMENTS: