Warranty Claim Form

Distribution/Dealer					
Name:					
Address:					
City:					
Zip:			State:		
Contact:			Phone:		
Email:					
	Healthcare	ı	Hospitality	ı	Multi-Family - COM
Legends:	Municipal	:	Senior Care	ŀ	Health Clubs
	Residential			I	Military Housing
	Student Hous	ing		I	Nulti-Family - RES

Location of Service [Unit(s) Location]				
Name:				
Address:				
City:				
Zip:		State:		
Contact:		Phone:		
Email:				

Brand (Select One)					
American Whirlpool	Aquarius Residential	Aquatic	Bootz		
Comfort Designs	Hamilton Bathware	Swan	OEM Private Label		

Model #	Serial # or Medallion	Defect	Defect Location	Handling Damage? Yes/No	Concealed Damage? Yes/No	Over 120 Days Old? Yes/No	Hand	Color

Required If No Serial Number Is Available					
Customer P.O. #		Purchase Date			

Additional Comments (Brief Description)

435 Industrial Road • Savannah, TN 38372 PH: 800.443.7269 | FAX: 731.654.0030 | EM: warranty@americanbathgroup.com DATE