

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:
RELIANCE
ATTN: Warranty Administration
500 Tennessee Waltz Parkway
Ashland City, TN 37015

Today's Date:
(mm/dd/yyyy) _____

Retailer Information	Contractor / Installer Information
Your Customer #: _____ (or fill out Customer Name and Address below)	Contractor / Installer Name _____
Customer Name _____	Contractor / Installer Email Address (if available) _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone # _____	Contractor / Installer Phone # _____
Your Debit or PO #: _____	

Leaking Tank Information
End User Name _____
Street Address _____
City _____ State _____ Zip Code _____
End User Phone # _____
Residential or Commercial Installation: __ Res __ Comm
Install Date (mm/dd/yyyy) _____ Failure Date (mm/dd/yyyy) _____
Model Number _____ Serial Number _____
Leak Location (if known) _____
Return Authorization Number (if required) _____

**Attach the Rating Plate showing the Model and Serial Number of the leaking Water Heater here.
(Do NOT use staples)**

**ATTENTION:
Must be original Rating Plate Sticker.
Failure to provide will result in claim being denied.**

Replacement Heater Information
Model Number _____ Serial Number _____ Refund _____
Replacement Date (mm/dd/yyyy) _____

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.

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