Warranty Claim Form

Distribution/Dealer				
Name:				
Address:				
City:				
Zip:		State:		
Contact:		Phone:		
Email:				
Fax:				

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

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)			

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