

435 Industrial Road Savannah, TN 38372 800-443-7269 FAX: 731-654-0030 warranty@americanbathgroup.com

WARRANTY CLAIM FORM

Date:	
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Distributor/Dealer					Location of Service (Unit(s) Location)						Brand (Check One)		
Name:					Name:						American Whirlpool		
A 11					A diduces.						Aquarius - Residential		
Address:					Address:						Aquatic		
City: State:					City: State:						Bootz		
•					-					Comfort Designs			
ZIP: Phone:				ZIP: Phone:					Hamilton Swan				
Fax:				Cell:						wan			
Contact:					Contact:								
Email:					Email:								
							REC	QUIRED II	F NO SERIA	L NUM	BER	AVAILABLE	
MODEL #		SERIAL # or DEFECT MEDALLION		DEFECT LOCATION		INSTALLED YES/NO	CUSTOMER HA		HAND	COLOR		DATE PURCHASE	
<u> </u>													
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Additional Comments	(Brief Descri	ptions	s):										