

CONTRACTED SERVICE PROVIDER CLAIM FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN ORDER TO ENSURE CLAIMS ARE PAID PROMPTLY (KEEP A COPY FOR YOUR RECORDS)



Mail Form To:
 A.O. SMITH
 ATTN: Warranty Administration
 500 Tennessee Waltz Parkway
 Ashland City, TN 37015
Or Email To: wsvcesupport@hotmail.com

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

Contracted Service Provider Information	COMMERCIAL
Service Provider Name _____ Address _____ City _____ State _____ Zip Code _____ Phone # _____ Email Address _____ Your Debit or PO #: _____	1 2 3 4 5 Drive Zone: _____ (circle one) *Drive Zone applies only to Commercial Labor Claims *Drive Zone DOES NOT APPLY to Residential Labor Claims Metro Zone Area Yes or No (circle one) Total Repair Time _____ hours Total Invoice Amount \$ _____
	RESIDENTIAL
	Fixed Labor Rate \$ _____

Service Provider's Signature:	Service Information
_____ _____	Diagnosis: _____ _____ _____

Service Information	Service Information				
End User Name _____ Street Address _____ City _____ State _____ Zip Code _____ End User Phone # _____ Residential or Commercial Installation: ___ Res ___ Comm Model Number _____ Series _____ Serial Number _____ Install Date (mm/dd/yyyy) _____ Failure Date (mm/dd/yyyy) _____ Date Call Taken (mm/dd/yyyy) _____ Date of Service (mm/dd/yyyy) _____	Action Taken: _____ _____ _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Part Used (If Applicable):</th> <th style="width:50%;">Part Number / Description:</th> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </table> Diagnostics to Support Part(s) Replacement: _____ _____ _____ Check One: ___ Credit ___ Replacement	Part Used (If Applicable):	Part Number / Description:		
Part Used (If Applicable):	Part Number / Description:				

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.
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