

PART CLAIM FORM

- Replaces PRA form •

PLEASE COMPLETE ALL SECTIONS OF THIS FORM
IN ORDER TO RECEIVE PROPER
AND PROMPT CREDIT.
(Keep a copy for your records.)



Lochinvar, LLC.
Attn: Warranty Administration
300 Maddox Simpson Pkwy.
Lebanon, TN 37090

Today's Date:

(mm/dd/yyyy)

YOUR INFORMATION

Your Customer #: _____

(or fill out Customer Information below)

Customer Name

Address

City State Zip Code

Phone #

Original PO # : _____

Purchased From: Shamrock Sales Factory

CONTRACTOR INFORMATION

n/a

Contractor Name

n/a

Contractor Email Address (if available)

n/a

Address

n/a

City State Zip Code

n/a

Contractor Phone #

Original Invoice # : _____

SERVICE INFORMATION

n/a

End User Name

n/a

Street Address

n/a

City State Zip Code

n/a

End User Phone #

Installation Type: ☐ Residential ☐ Commercial

n/a

Install Date (mm/dd/yyyy)

n/a

Failure Date (mm/dd/yyyy)

Model Number

Serial Number

Part Number

Description

n/a

Return Authorization Number (if available)

Reason for Part Replacement:

IMPORTANT

- Claims must be submitted within 30 days of failure date.
- A "Proof of Purchase" must be provided when the serial number of the heater indicates it is out of warranty.
- All warranty claims will be audited. Incomplete claims will be denied.

Please note, for all new and unused products being returned, there will be a 25% restocking fee.

IF VIEWING IN A PDF READER (EX. ADOBE, FOXIT, XCHANGE EDITOR, ETC.) PLEASE CLICK SUBMIT BELOW

IF VIEWING IN A WEB BROWSER, PLEASE SAVE AND SEND TO RGA-WARRANTY@SHAMROCKSALESINC.COM BY CLICKING ON THE EMAIL ADDRESS

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