

Date Faxed: \_\_\_\_\_ Date Credit Received: \_\_\_\_\_

# DESIGN AIR

## RHEEM FAX WARRANTY CLAIM

**All claims must be submitted within 30 days of failure.**

**Attach Warranty Claim to defective part when returning.**

**This claim must be filled out completely in order to receive credit.**

*Please print clearly!*

Claim Number = \_\_\_\_\_ + \_\_\_\_\_  
Your Design Air Account Number Today's Date

Dealer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Install Date: \_\_\_\_\_ Part Fail Date: \_\_\_\_\_

Failed Part #: \_\_\_\_\_

Part Description: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for failure (be specific): \_\_\_\_\_

Compressor Serial #: \_\_\_\_\_  
Old Serial # New Serial #

DEALER MUST HOLD PART FOR 30 DAYS BEFORE DISCARDING.  
KEEP A COPY FOR YOUR OWN RECORDS.

FAX CLAIM TO (920) 243-6207