

Warranty Claim Form

Distribution/Dealer			
Name:			
Address:			
City:			
Zip:		State:	
Contact:		Phone:	
Email:			
Legends:	Healthcare	Hospitality	Multi-Family - COM
	Municipal	Senior Care	Health Clubs
	Residential		Military Housing
	Student Housing		Multi-Family - RES

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

Brand (Select One)				
American Whirlpool	Aquarius Residential	Aquatic	Bootz	Florestone
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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435 Industrial Road • Savannah, TN 38372
 PH: 800.443.7269 | FAX: 731.654.0030 | EM: warranty@americanbathgroup.com

DATE	
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