



# Warranty Claim Form

**In order to process your warranty claim and issue credits in a timely manner, all information below is required by the manufacture. It must be completed and legible.**

Ruud     Ducane/Allied     Other: \_\_\_\_\_

Dealer Name  Account #

Address

City, State, Zip Code

Phone  Email

User Name

Address

City, State, Zip Code

Phone

Unit Model #

Unit Serial #

Unit Install Date  /  /  Defective Part Install Date  /  /   
*If different than original product install*

Failed Part #

Failed Part Serial #

Failure Date  /  /  Date Replaced  /  /

Replacement / Part #  Serial #

Explain Failure  
(Please Be Specific)

### Internal Use Only

Tech Rep  Webb Branch Rep

Branch

CLAIM #  Date Process  /  /

MFR CASE  WARR RET