AMTROL WARRANTY CLAIM REQUEST FORM

***Submission of this MDA is NOT an approval of a Warranty Credit**

DATE:	MDA NUMBER:

RETURN (Check One)	☐	LABEL	☐	PRODUCT

DISTRIBUTOR INFORMATION		
	Co. Name	
	Address	
	City/State/Zip	
	Telephone	
	Fax	
	Email	
	Contact	

SALES REP		DEBIT MEMO NO.	

Payment by Amtrol for all or any part of a claim does not mean that Amtrol has investigated the claim or that the product is defective.

QTY	MODEL NO.	PART NO.	DATE CODE & SERIAL NO.	BRIEF DESCRIPTION OR PHOTO OF FAILURE	REPLACEMENT SERIAL NO. OR PHOTO OF REPLACEMENT	PRICING
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$

For Label Returns: *Email Completed Warranty Request to warranties@dandavissales.com*
For Product Returns: *Email Warranty Request to warranties@dandavissales.comIf Approved, Shipping Documents and Instructions Will Be Mailed to Distributor.*

No Warranty Credit Will Be Issued For Any Product More Than 30 Days Out Of Warranty. Product Installed More Than 18 Months From Date Of Manufacture Carries Balance Of Applicable Warranty Period, Measured From Date Of Manufacture, Not Date Of Purchase, And May Void The Warranty.

NO WARRANTY CREDIT WILL BE ISSUED WITHOUT ALL OF THE REQUIRED DOCUMENTATION. IF ALL DOCUMENTS ARE NOT RECEIVED WITHIN 30 DAYS, THE MDA WILL BE VOIDED.