AMTROL HOT WATER MAKER WARRANTY REQUEST FORM

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

DATE:	**MDA NUMBER:**

RETURN (Check One)	☐	**LABEL**	☐	**PRODUCT** (If made within 6 months MUST be returned)

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

SALES REP		**DEBIT MEMO NO.**	

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

HOMEOWNER INFORMATION	Name	
	Address	
	City/State/Zip	
	Telephone	
	Email	

FAILED UNIT	Serial Number		Model Number	
	Price	$	Description Of Failure	
	Part Number			

REPLACEMENT UNIT	Serial Number	13 digit code: _ _ _ - _ _ _ _ _ - _ _ _ _ _	Model Number	

For Label Returns: *Send Picture of label with completed form to warranties@dandavissales.com*
For Product Returns: *Email warranties@dandavissales.com. If 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 Limited Lifetime 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