



AMTROL WARRANTY CLAIM REQUEST FORM

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

DATE:	MDA NUMBER: filled out by rep
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RETURN (check one)	<input type="checkbox"/>	LABEL	<input type="checkbox"/>	PRODUCT
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DISTRIBUTOR INFORMATION	Co. Name	
	Address	
	City/State/Zip	
	Telephone	
	Fax	N/A
	Email	
	Contact	

SALES REP	Shamrock Sales, Inc.	Debit Memo No.	Amtrol
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.	DATE CODE AND SERIAL NO.	Brief description or photo of failure	REPLACEMENT SERIAL NO. OR PHOTO OF REPLACEMENT	PRICING
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

For Label Returns: Send Label* with completed warranty request to AMTROL Warranty Dept., 1400 Division Road, West Warwick, RI 02893.

* If unable to removed label, a photo of the tank and label will be accepted.

For Product Returns: Fax Warranty Request to 401-884-5276. 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 after date of manufacture carries balance of applicable warranty period, measured from date of manufacture, not date of purchase and may void Limited Lifetime Warranty.

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

IF VIEWING IN A PDF READER (EX. ADOBE, FOXIT, XCHANGE EDITOR, ETC.) PLEASE CLICK SUBMIT BELOW

IF VIEWING IN A WEB BROWSER, PLEASE SAVE AND SEND TO RGA-WARRANTY@SHAMROCKSALESINC.COM BY CLICKING ON THE EMAIL ADDRESS