

Warranty Claim Form

PHONE: 1-888-571-2627 FAX: 1-866-869-1493

customerservice@redmondwilliams.com

Date:		Customer Name:			
Customer Account #:		Case/Incident #:			
Distributor: Redmond/Williams Distributing, 5190 Timberlea Blvd., Mississauga, ON L5W 2S5					
Contractor Inform	nation:				
Address:					
City:		Province:		Postal Code:	
Phone:		Fax:			
Contact:					
Homeowner Inforr	mation:				
Address:	nason.				
City:		Province:		Postal Code:	
Phone:		Fax:			
Contact:		T UA.			
Purchase Details:					
Model Number:		Purchase Date:			
Serial Number:		Install Date:		Redmond Invoice #:	
Description of Pro	blem/Service Call:				
Part/Model #	Description		Inv # Part Purchased On	QTY	Price

ALL PARTS MUST BE RETURNED AND ACCOMPANIED WITH A WARRANTY FORM.

- Manufacturers have the right to refuse claims. Redmond/Williams Distributing is not responsible for any losses refusals may cause.
- $\bullet \ \, \text{Copies of invoices, RMAs, photos of failed part/unit and or the part/unit itself may be required.}$
- Failure to produce any items required by the manufacturer may result in a rejected claim.