



Heat Transfer Products, Inc.  
272 Duchaine Blvd  
New Bedford, MA 02745  
Telephone: 508-763-8071

**WATER HEATER REPLACEMENT CREDIT REQUEST FORM**

Distributor Name: \_\_\_\_\_ Dealer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Homeowner's Name: \_\_\_\_\_

Homeowner's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**FAILED WATER HEATER**

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Install Date: \_\_\_\_\_

**REPLACEMENT WATER HEATER**

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Install Date: \_\_\_\_\_

REASON FOR WARRANTY:

\_\_\_\_\_  
\_\_\_\_\_

Submitter's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARTS:**

Part Number: \_\_\_\_\_

\*Note: Please attach a copy or picture of the failed unit(s) and rating plate to submit to: \_\_\_\_\_

→ FAILURE TO PROVIDE COPY OR PICTURE WILL RESULT IN A DELAY OR DENY OF WARRANTY CLAIM ←