



WARRANTY CLAIM FORM

Form: WCF03-072021

WARRANTY POLICY & PROCEDURES

1. Failure to adhere to policy may result in claim being **denied**.
2. This claim for must be properly completed.
3. A copy of original customer sales invoice **must be included**.
4. A copy of service invoice **must be included** for labor credit.
5. Faxed claims will **not** be processed and will be discarded.
6. The defective part must be submitted with the claim form.
7. Parts damaged in shipping will automatically be **denied**.

**READ THIS INFORMATION CAREFULLY
TO ENSURE YOU RECEIVE PROPER CREDIT**

**** ALL FIELDS ARE REQUIRED TO BE COMPLETED ****

SEND ALL **BRECKWELL HEARTH PRODUCTS**
 CLAIMS TO: ATTN: CLAIMS DEPARTMENT
 227 INDUSTRIAL PARK ROAD
 SOUTH PITTSBURG, TN 37380
 EMAIL: claims@usstove.com

DATE SUBMITTED BY DEALER: _____

DISTRIBUTOR/ DEALER REFERENCE # _____

DATE RECEIVED BY BRECKWELL: _____

STOVE OWNER INFORMATION

Stove Owner: _____

PHONE: _____

Address: _____

EMAIL: _____

City: _____ State: _____ ZIP: _____

- | | |
|--|-----------------------|
| <input type="checkbox"/> Big E- SP1000 | Date Purchased: _____ |
| <input type="checkbox"/> Blazer Insert- SP24I | Date Repaired: _____ |
| <input type="checkbox"/> Classic Cast- SPC4000 | Stove Serial #: _____ |
| <input type="checkbox"/> Maverick- SP22 | PO#/ Order # : _____ |
| <input type="checkbox"/> Sonora- SP23L | |
| <input type="checkbox"/> Traverse- SP2047 | |
| <input type="checkbox"/> Other (specify) _____ | |

SELLING OR SERVICING DEALER INFORMATION

DEALER NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

CONTACT NAME: _____

CONTACT NAME: _____

PHONE: _____

FAX: _____

EMAIL: _____

PART INFORMATION

PART DESCRIPTION: _____

PART NUMBER: _____

DEFECTIVE PART S/N: _____

REPLACEMENT PART S/N: _____

STOVE OPERATED IN: _____ MANUAL MODE
 _____ HIGH/LOW THERMOSTAT
 _____ ON/OFF THERMOSTAT

DEALER REQUESTING _____ CREDIT _____ REPLACEMENT

Labor Requested Amount \$ _____

STOVE IS NOW IN GOOD WORKING ORDER, SIGNED _____ DATE _____

REPAIR TECHNICIAN

DATE

AN ACCURATE DESCRIPTION OF THE DEFECT IS REQUIRED

BY SIGNING THIS CLAIM FORM YOU ACKNOWLEDGE THE STOVE HAS BEEN REPAIRED AND IS IN GOOD WORKING ORDER. ALL DEFECTIVE PARTS MUST BE SUBMITTED WITH THE CLAIM FORM IN ORDER TO BE PROCESSED. THE ONLY EXCEPTIONS TO THIS REQUIREMENT ARE THOSE LISTED IN OUR WARRANTY CLAIM POLICIES AND PROCEDURES. A COPY OF THE SERVICE RECEIPT SIGNED BY CUSTOMER & DEALER IS REQUIRED FOR LABOR CREDIT TO BE APPLIED.