



PO # / REF #:
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## WARRANTY CLAIM FORM

\*REQUIRED\*

This application must be completed in full to process. Incomplete forms will be returned to be completed.

Distributor name:				Date submitted:			
Dealer name:				Primary Email:			
Primary Contact:				Fax:			
Primary Phone:							
Full shipping address:							
Contact for shipment:				Shipping Phone:			
<b>FIREPLACE MODEL: SELECT ONE</b>							
45CLX2	LFV2-40	HF36	SF40	ZCR	LPM80	SPS50	OTHER:
60CLX2	LFV2-60	HF42	FF43	ZC2	LPS44	SPS60	
80CLX2	LFV2-80	HF60	SC36	LPM44	LPS56	SPS74	
100CLX2	LFV2-100	SCO20	SL50	LPM56	LPS68	SPS100	
144CLX2	LFV2-120	SCO26	SL74	LPM68	LPS80		
<b>Date of purchase:</b>				<b>Serial #:</b>			
*REQUIRED*				*REQUIRED*			
<b>Description of problem. Please be as detailed as possible. *REQUIRED*</b>							
<b>Parts requested</b>							
<i>Part #:</i>		<i>Description:</i>					
<b>Check box:</b>							
<input type="checkbox"/>	Part request	<input type="checkbox"/>	Part credit request	<input type="checkbox"/>	Concealed damage		
<input type="checkbox"/>	Labor Credit Request	<input type="checkbox"/>	Freight damage	<input type="checkbox"/>	Request return		

RETURN FORM TO MODERN FLAMES CUSTOMER SERVICE:  
 EMAIL: customerservice@modernflames.com  
 FAX: 602-243-6523