

CLAIM FORM

Phone: 800-824-5090
 Fax: 828-345-6019



1899 Tate Boulevard, SE -Suite 2110
 Hickory, NC 28602

Dealer Name	Phone Number	Your Invoice #	Winter Warmth Assurance Plan #
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Dealer Contact	Fax Number	Dealer #	Date of Product Installation
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Customer's Name:	Phone:
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Customer's Address: (Street, City & State/Province)	Zip/Postal Code:
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Product:	Model:	Serial #
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Customer Complaint:

Cause of Breakdown:

Cure for Breakdown:

Date Call Received:	Date Work Completed:	Total Hours on Job:	Approved Labor Rate:
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Qty.	Part No.	Part Description	Labor Code	Amount

Technician's Signature: _____ Customer's Signature: _____ Please Mail Completed Claim Form to: <p style="text-align:center">TAW 1899 Tate Boulevard, SE - Suite 2110 Hickory, NC 28602</p>	<table border="1" style="width:100%"> <tr><td style="text-align:right">Total Parts</td><td> </td></tr> <tr><td style="text-align:right">Total Labor</td><td> </td></tr> <tr><td style="text-align:right">Sub-Total</td><td> </td></tr> <tr><td style="text-align:right">Tax (if Applicable)</td><td> </td></tr> <tr><td style="text-align:right">Total</td><td> </td></tr> </table>	Total Parts		Total Labor		Sub-Total		Tax (if Applicable)		Total	
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