

BRECKWELL WARRANTY CLAIM FORM

USE THIS FORM FOR ALL CLAIMS

SEND TO: NATIONAL STEELCRAFTERS OF OREGON, INC.
ATTN: Claims Department
2915 E. Randol Mill Rd.
Arlington, TX 76011

DATE SUBMITTED BY DEALER: _____

DATE RECEIVED BY NSO: _____

WARRANTY POLICY PROCEDURES & INFORMATION

1. FAILURE TO ADHERE TO POLICY WILL RESULT IN CLAIM BEING DENIED.
2. THIS CLAIM FORM MUST BE PROPERLY COMPLETED.
3. A COPY OF ORIGINAL CUSTOMER SALES INVOICE MUST BE INCLUDED.
4. A COPY OF THE SERVICE INVOICE MUST BE INCLUDED.
5. FAXED CLAIMS WILL NOT BE PROCESSED AND WILL BE DISCARDED.
6. PARTS DAMAGED IN SHIPPING WILL BE AUTOMATICALLY DENIED

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

M/D/YEAR

M/D/YEAR

MODEL # _____ SERIAL # _____ DATE OF SALE _____ DATE OF REPAIR _____

NAME OF OWNER: _____ PHONE (____) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SELLING DEALER: _____ PHONE (____) _____

STREET ADDRESS: _____ FAX (____) _____

CITY: _____ STATE: _____ ZIP CODE: _____

DEALER CONTACT: _____

PART DESCRIPTION: _____

NSO PART NUMBER: _____

STOVE OPERATED IN: MANUAL MODE

ON/OFF THERMOSTAT

HIGH/LOW THERMOSTAT

DEALER REQUESTING CREDIT REPLACEMENT

**INCLUDE A DETAILED DESCRIPTION OF DEFECT.
"BAD" OR "DEFECTIVE PART" IS NOT ACCEPTABLE**

STOVE IS NOW IN GOOD WORKING ORDER, SIGNED: _____

REPAIR TECHNICIAN OR DEALER REP.

DATE

BRECKWELL USE ONLY

DATE RECEIVED: _____

PART CREDIT: _____

CLAIM NUMBER: _____

LABOR CREDIT: _____

OTHER CREDIT: _____

TOTAL CREDIT: _____

COMMENTS: _____

<<< COPY THIS FORM FOR ADDITIONAL FORMS >>>

Revised: May 06