

# Warranty/Repair Claim Form

\*All manufacture warranty work is covered by Clarion Bathware. Damage resulting from installation, by mishandling, accident, abuse, misuse, damage caused by flood, fire, or other force of nature is not covered under manufacture warranty. All non-warranty service calls where a repair is not made will be subject to an inspection fee and will be billed to Company/Branch submitting warranty claim.



EVERYDAY LUXURY

44 Amsler Avenue

Shipperville, PA 16254

Phone (814) 226-5374 Fax (814) 226-5568

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

PO# Required for all claims: \_\_\_\_\_

Company and Brach Submitting warranty claim: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dealer/Distributor/Wholesaler (Purchaser from Clarion): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Is this repair at your location: *(If NO please fill out the box below)*

Repair Location Type (Jobsite, Home, Etc.): \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

(Check if true) Is an active a job site: \_\_\_\_\_ Is an occupied Home: \_\_\_\_\_ Electricity available: \_\_\_\_\_ Water Available: \_\_\_\_\_ Heat: \_\_\_\_\_

Safety Equipment Required: \_\_\_\_\_ Explain: \_\_\_\_\_

Clarion Model #: \_\_\_\_\_ Unit Serial #: \_\_\_\_\_

Color: \_\_\_\_\_ Purchase Date from Clarion: \_\_\_\_\_

**\*PLEASE TRY TO INCLUDE PICTURES OF THE DAMAGE UP CLOSE AND FARTHER BACK\***

Description of the Problem/Damage including exact location:

Name of any preferred service company\*\*: \_\_\_\_\_

Will Chargeback be accepted if the damage(s) is/are deemed non-warranty (Y/N)? \_\_\_\_\_ (must be answered)

\*\*All preferred service companies are subject to approval by Clarion Bathware