



Claim No. _____

Warranty

Claim Form

You can file your claims electronically at www.IHPconnect.com

Distributor/Dealer information

Account Name: _____ Date: _____

Account Number: _____ Contact Name: _____

Phone/Ext.: _____

Fax: _____

Owner/Address Information

Name: _____

Street #: _____

City, State: _____

Zip Code: _____

Phone #: _____

Description of Failure: _____

Unit Information

Stove/Fireplace Model: _____

Stove/Fireplace Serial #: _____

Date Unit Installed: _____

Date of Failure: _____

Parts Description

Part Number	Description	Qty.

Shipping/Credit Information

Ship Replacement Part

Credit Account

Credit Specific Invoice

Ship to:

Invoice #: _____

Acct Address

Other: _____

Standard Labor?

Yes

No

Fax to: (972)820-8899 or email to: warranty@leklein.com



Claim No. _____

Packing and Shipping

Claim Form

You can file your claims electronically at www.IHPconnect.com

Distributor/Dealer information

Account Name: _____ Date: _____

Account Number: _____ Contact Name: _____

Phone/Ext.: _____

Fax: _____

Reason for Claim

Broken in box

Package damaged

Missing Part(s)

Over ship

Short ship

Wrong part

Other (explain): _____

Parts Description

Part Number	Description	Qty.

Shipping/Credit Information

Ship Replacement Part

Credit Account

Ship to:

Please provide at least one of the following:

Account Address

Invoice #: _____

Other: _____

IHP Delivery #: _____

Fax to: (972)820-8899 or email to: warranty@leklein.com