

WARRANTY CLAIM FORM

FORM MUST BE FILLED OUT COMPLETELY FOR ANY CLAIM TO BE PROCESSED

RMA#:	
-------	--

**Include with this form: Copy of original invoice, receipt, or proof of purchase
Copy of labor invoice (if any)**

Please refer to R.H. Peterson Statement of Policy sect. V Returned Goods Policy. RHP reserves the right to accept or reject all claims for limited warranty work in accordance with established policies and procedures. An assigned RMA is not a guarantee that credit will be given. Returned goods and parts under warranty will be either credited or replaced at factory option.

CONSUMER

Name:			
Address:			
City:		State:	
		ZIP:	
Phone:		Contact:	
		E-mail:	

INSTALLER / DEALER

Name:			
Address:			
City:		State:	
		ZIP:	
Phone:		Contact:	
		E-mail:	

DISTRIBUTOR / DEALER

Name:			
Address:			
City:		State:	
		ZIP:	
Phone:		Contact:	
		E-mail:	

Model No:		Serial No:	
Purchase Date:		Warranty Claim Date:	
Part Number:		Description:	
Problem:			
Corrective Actions Taken:			
Person Performing Service:		Date:	