

WARRANTY RETURN FORM

Date: _____

Your Reference #: _____



7500 N. 81st St., Milwaukee, WI 53223
Office: 414-434-1371 • Fax: 414-434-1378

Thank you for doing business with AMS Steam Products! In order to facilitate your return, please fill out this form in its entirety.

Proof of install is required if the install date is more than one year beyond the manufacture or purchase date. Please send any pertinent documentation of information with this form.

Warranty Unit(s)

Warranty Part(s)

Company Returning Merchandise:	Company Name:	Contact Name:	Phone:
	Address:	E-Mail:	Related PO or Invoice #:
Installer Information: (If different from above)	Company Name:		Phone:
	Address:		
Job Name & Address of equipment installation:			

Unit Information – for return of UNIT

Original Model#	Original Serial#	Original Installation Date	Failure Date	Unit Return Only	
				Replacement Model #	Replacement Serial #

Part Information – for return of PART(S)

Part number(s) being returned	Quantity	Original Model # of unit on which parts were installed	Original Serial# of unit on which parts were installed	Original Installation Date	Failure Date

Reason for Return: _____

Office Use Only

Approved Date: _____ Initials: _____ RMA# _____