

RMA REQUEST/WARRANTY CLAIMS FORM

USE THIS FORM TO OBTAIN RMA # BEFORE RETURNING ANY PRODUCT TO LOCHINVAR

- For materials that may be in warranty, verify if return is necessary by checking in the warranty tab of the customer portal before submitting this form.
- Returns must be accompanied with the RMA number for credit to be determined.
- Return requests must be made within 60 days of invoicing. All products returned for incorrect part, canceled order, or stock rotation must be
- Customer is responsible for all return freight charges, unless deemed Lochinvar error.
- Products returned that are not in resellable condition will be scrapped with no credit issued and will not be returned to the customer.
- A "Proof of Purchase" must be provided when the serial number of the heater indicated is out of warranty. (For warranty claims)

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Request Da	ite:			Customer Ref. # &/or Job Name:						Debit or PO#:		
				l	Lochinvar Cus	stomer Info	rmatio	า				
Company Name:					Requesto	Requestor Name:						
Address:				Requesto	Requestor Email:							
City, ST, Zip:						Requesto	Phone:					
Are product	c(s) located at young?	N If N	IO, ere?				oducts purcl n Lochinvar?		Υ	N If N	NO, please prov	ride info below:
Lochinvar Inv. Number:			Lochinvar SO#:			Sales Ag	Sales Agency & Location					
					End Use	r Informati	on					
End User Name:							Installation Type: Residential Commercial					
Address, including City, ST, Zip:							Install Da	ate:			Failure Date:	
					REASON	FOR RET	URN					
Virtual Insp. Request						Provide f	Provide further explanation about return by including all details below:					<u>letails</u> below:
Factory Insp. Request												
Ordered wrong part												
Freight damage												
Canceled order												
Shipping error												
Stock rotation												
Need fa	actory Re-Work											
Warranty Claim			Clic	Click here if return is pre-approved. Include proof of approval								
						Approver name:					with attachments (copy of email)	
	MODEL or PART I	NUMBER	QTY.	-	NUMBER << d # if HEX only)	>> REPLAC			R	lef. Original Invoi	ce/PO Numb	er & Necessary Notes
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PHOTOS REQUIRED FOR:

All damage claims

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- Return value of \$1,000 or more for new & undamaged product
- All warranty requests
- Virtual Inspection Requests
- Rework/Factory Repair Quote

Attachments include:

- Photos Ensure all pictures are high quality & informative; clear resolution showing relevant info
- Supporting documentation
- Copy of your PO or Invoice

AFTER SUBMITTING THIS FORM:

- 1. Request will be reviewed to determine authorization.
- 2. All communication about RMA approval or denial will be sent to email provided with this request.
- 3. Paperwork with RMA approval must be included with the returned

product(s). Please retain a copy of authorization for your records and have the RMA number available when making any inquiries to the status of the return or credit.

Assigned when approved at factory:

- 4. Ensure RMA # is clearly visible on outside of packaging.
- 5. Returned equipment must arrive at Lochinvar in new and unused condition.
- 6. Approved RMA Request DOES NOT guarantee issuance of credit.

RESURE TO INCLUDE ATTACHMENTS WITH SURMISSION

BE SORE TO INCLUDE ATTACHMENTS WITH SUBMISSION.						
Return Reason	Email					
Virtual Inspection Request	qatech@lochinvar.com					
Factory Inspection Request	returnrequest@lochinvar.com					
For Any Other Return Request	returnrequest@lochinvar.com					
Warranty Claim	credit_warranty@lochinvar.com					

RMA Form 12438