



Claim #

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WARRANTY CLAIM APPLICATION

This application must be completed **in full**. Otherwise, it will be returned and no credit given.

Distributor Name: Masterheat Distributors																																																																		
Dealer:	Date of Application:																																																																	
Contact:																																																																		
Phone:	Fax:																																																																	
Appliance Owner:	Home phone:																																																																	
Address:	Cell Phone:																																																																	
Model:	<table border="1"><tr><td>G39</td><td>G42</td><td>G50</td><td>C34</td><td>C44</td><td>C60</td><td>C72</td><td>S20i</td></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td><td>WESTPO</td><td>WESTPORT</td><td></td><td>S30i</td></tr><tr><td>E20</td><td>E25</td><td>E30</td><td>E33</td><td>E44</td><td>Ex32i</td><td>Ex35i</td><td>S40</td></tr><tr><td>MINI</td><td>P3</td><td>P4</td><td>MAXX</td><td>EMPRESS</td><td>MILAN</td><td></td><td>Westley</td></tr><tr><td>MERIDIAN</td><td>Mer.Cast</td><td>M55steel</td><td>M55 Cast</td><td>KODIAK1200</td><td>KODIAK1700</td><td>VENICE1200</td><td>Berkley</td></tr><tr><td>BLK OLIVE PELLET</td><td>BLK OLIVE CHARCOAL</td><td>BOSTON 1200</td><td>BOSTON 1700</td><td>CABELLO 1200</td><td>CABELLO 1700</td><td>VENICE1700</td><td></td></tr><tr><td>U30</td><td>U50</td><td>U70</td><td>Fuel:</td><td>☐ NG</td><td>☐ LP</td><td>☐ Pellet</td><td>☐ Wood</td></tr><tr><td>Type:</td><td>☐ FS</td><td>☐ FPI</td><td>☐ FP</td><td>Gas Option:</td><td>☐ I</td><td>☐ LI</td><td>☐ GI</td><td>☐ NOVA</td></tr></table>	G39	G42	G50	C34	C44	C60	C72	S20i	Q1	Q2	Q3	Q4	WESTPO	WESTPORT		S30i	E20	E25	E30	E33	E44	Ex32i	Ex35i	S40	MINI	P3	P4	MAXX	EMPRESS	MILAN		Westley	MERIDIAN	Mer.Cast	M55steel	M55 Cast	KODIAK1200	KODIAK1700	VENICE1200	Berkley	BLK OLIVE PELLET	BLK OLIVE CHARCOAL	BOSTON 1200	BOSTON 1700	CABELLO 1200	CABELLO 1700	VENICE1700		U30	U50	U70	Fuel:	☐ NG	☐ LP	☐ Pellet	☐ Wood	Type:	☐ FS	☐ FPI	☐ FP	Gas Option:	☐ I	☐ LI	☐ GI	☐ NOVA
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Serial #:	Installation date:																																																																	

Date failure reported to dealer:

(Work must be completed within 3 months of report or claim denied.)

Description of failure or problem. Please be detailed and specific. Diagrams of installation and/or venting configurations are very useful when technical staff are trying to spot trends or trying to help dealers analyze problems.

Parts Required: Dealer - list here with part numbers.

Specific Request

Part #	Description	Part Needed	Part PO#	Labour

This section for Distributor use only.

RA# if product required from dealer -

Ship parts from:	Distributor	Sherwood	P. O. #	
Distributor order # :	Distributor invoice # :	Ch.	N/C	Date:
Date claim faxed:	Credit to dealer, invoice # :	Date:		
Approved	Declined	Folio #	Sh. Invoice # :	Date:

In order for the warranty to be in effect, it must be registered with the Manufacturer. The warranty is as stated in the Owner's

Manual. **Claim must be submitted within 6 months of work being performed.**

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