

WARRANTY CLAIM FORM

This application must be completed in full to process. Incomplete forms will be returned to be completed.

Date submitted: _____ Contact Email : _____

Distributor name: _____

Address: _____

Dealer name: _____ Phone: _____

Shipping Address: _____

Shipping Contact: _____ Phone: _____

FIREPLACE MODEL: **SELECT ONE**

OR-MULTI 52

OR-MULTI 60

OR-MULTI 120

OR-SLIM 52

OR-SLIM 100

OR-TRAD 26

OR-TRAD 42

OR-TRAD 54

LPM 68

LPM 80

LPS 56

LPS 68

SPS 50

SPS 60

RS26

RS30

RS54

SPM30

OTHER

OR-MULTI 76

OR-MULTI 100

OR-SLIM 60

OR-SLIM 76

OR-TRAD 30

OR-TRAD 36

LPM 44

LPM 56

LPM 96

LPS 44

LPS 80

LPS 96

SPS 74

SPS 100

RS36

RS42

SPM36

SPM42

*Date Purchased: _____ *Serial Number: _____

*Description of problem. Please be as detailed as possible. _____

Please include photos and/or videos of issue attached to email.

Parts requested: _____

Allow 5 to 7 business days for parts to be shipped. Some parts may need to be special ordered, confirmation email will be sent with shipping ETA.

Part Request

Freight damage

Request return

Concealed damage

Other