



PO # / REF #:

WARRANTY CLAIM FORM

REQUIRED

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

Distributor name:				Date submitted:			
Dealer name:				Primary Email:			
Primary Contact:							
Primary Phone:							
Full shipping address:							
Contact for shipment:				Shipping Phone:			
FIREPLACE MODEL: SELECT ONE							
45CLX2	LFV2-60	RS30	SCO26	LPM44	LPS56	SPS74	OTHER:
60CLX2	LFV2-80	RS36	SPM24	LPM56	LPS68	SPS100	
80CLX2	LFV2-100	RS42	SPM30	LPM68	LPS80		
100CLX2	LFV2-120	RS54	SPM36	LPM80	SPS50		
LFV2-40	RS26	SCO20	SPM42	LPS44	SPS60		
Date of purchase:				Serial #:			
REQUIRED				*REQUIRED*			
Description of problem. Please be as detailed as possible. *REQUIRED*							
*Please include photos and/or videos of issue attached to email.							
Parts requested							
<i>Part #:</i>		<i>Description:</i>		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.			
Check box:							
<input type="checkbox"/>	Part request	<input type="checkbox"/>	Concealed damage	Other			
<input type="checkbox"/>	Freight damage	<input type="checkbox"/>	Request return				

RETURN FORM TO MODERN FLAMES CUSTOMER SERVICE EMAIL:
customerservice@modernflames.com