

2395 Little Egypt Road Harrisonville, PA 17228 717-987-0099

*Required Information - Incomplete claim forms will be returned to the originator requesting additional information Submit claims by fax 717-987-0055 or email sales@legacystoves.com

*Dealer/Distributor Number		Email Address	
*Dealer/Distributor Name		Reference Number	
*Contact Name		Previous HHT Claim#	
	Service was p	provided at customer location	Damaged Part** /Accessory/Missing Part
*Serial Number		*Owner's Name	*Sales Order/ Purchase #
*Model Number/SKU		*Address	*Part #
Date Code (HTL only)		*City	* Date Code (HTL only)
*Service Date		*State, Zip Code	Date code (fronts HTL & HNG) required
Service Dealer		*Phone Number	Serial Number
Dealer Contact		*Purchase/Install/Occupancy Date	*Model Number/SKU
Freight Damage**		*Serial Number	*Model Number/SKU
**For LTL freig	tht claims please also send Bill o	of Lading, packing slip, complete Invoice and piictures to jaso reference serial and model number	n@woodgun.com or fax to 717-987-0055
*Description of Problem, Corrective Action Taken & Parts Used:			*Parts Used/Parts Needed
Corrective Action Performed by:		Dealer	Consumer
Choose One	*Request for Parts Credit (RMA may be issued)	Request NO-Charge Parts to replenish stock (non-RMA parts only) or replace damaged or missing parts	Parts Credit already issued or not parts used

Dealers who purchase from Distributors - send to Distributor for approval. Distributor must approve and forward claim form & Dealser's invoice from Distributor

Replacement parts order request on this form are treated as a replenishment of your parts stock and order entry may be delayed.

RMA parts: Please refer to Parts Return Master List for parts required to be returned for analysis and root cause, or to ensure corrective action taken.

Please refer to warranty and freight policies for complete guidelines.

\$55 labor allowance for Service Call Claims

Email claims to sales@legacystoves.com or Fax 717-987-0055

2/13/2024 Warranty Claim Form