**\*Submission of this MDA is NOT an approval of a Warranty Credit**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE:** |  | **MDA NUMBER:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RETURN** (Check One) |  | **LABEL** |  | **PRODUCT** (If made within 12 months MUST be returned) |

|  |  |  |
| --- | --- | --- |
| **DISTRIBUTOR INFORMATION** | Co. Name |  |
| Address |  |
| City/State/Zip |  |
| Tel/Fax |  |
| Contact/Email |  |
| Contact |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SALES REP** |  | **DEBIT MEMO NO.** |  |

|  |  |  |
| --- | --- | --- |
| **CONTRACTOR INFORMATION** | Co. Name |  |
| Address |  |
| City/State/Zip |  |
| Telephone |  |
| Fax / Email |  |
| Contact |  |

|  |  |  |
| --- | --- | --- |
| **HOMEOWNER INFORMATION** | Name |  |
| Address |  |
| City/State/Zip |  |
| Telephone |  |
| Email |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FAILED UNIT** | Serial Number |  | | Model Number | |  |
| Price | $ | Description Of Failure | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REPLACEMENT UNIT** | Serial Number |  | Model Number |  |

***These instructions are for wholesalers in ME, NH, VT, MA, RI and CT ONLY. You MUST call Dan Davis Sales to initiate warranty procedure at 800-410-8700. After initiation the completed form and label copy (if required) can be faxed to 207-324-2217***

*For Label Returns: Send Label with Completed Warranty Request to Dan Davis Sales. (if unable to remove label, a legible photo of the tank and label will be accepted.)*

*For Product Returns: Fax Warranty Request to 207-324-2217 If Approved, Shipping Documents and Instructions Will Be sent to Distributor.*

***No Warranty Credit Will Be Issued For Any Product More Than 30 Days Out Of Warranty And/Or Installed More Than 18 Months From Date Of Manufacture.***

***NO WARRANTY CREDIT WILL BE ISSUED WITHOUT ALL OF THE REQUIRED DOCUMENTATION. IF ALL DOCUMENTS ARE NOT RECEIVED WITHIN 30 DAYS, THE MDA WILL BE VOIDED.***