

# WARRANTY CLAIM FORM

**Praxis Companies, LLC**  
 435 Industrial Road, Savannah, TN 38372      **800-443-7269**  
**Fax: 731-654-0030**

Date: \_\_\_\_\_

Distributor/Dealer		Location of Service (Unit(s) Location)	
Name:		Name:	
Address:		Address:	
City:	State:	City:	State:
ZIP:	Phone:	ZIP:	Phone:
	Fax:		Cell:
Contact:		Contact:	
Email :		Email:	

Brand (Check One)
<input type="checkbox"/> Aquarius Residential
<input type="checkbox"/> Aquarius Commercial
<input type="checkbox"/> Hamilton Residential
<input type="checkbox"/> Hamilton Commercial
<input type="checkbox"/> Praxis
<input type="checkbox"/> American Whirlpool

**REQUIRED IF NO SERIAL NUMBER AVAILABLE**

MODEL #	SERIAL NUMBER	DEFECT CODE	DEFECT LOCATION	INSTALLED YES/NO	DATE INSTALLED	CUSTOMER P.O. #	HAND	COLOR	DATE PURCHASED

**PHOTOS MAY BE REQUIRED TO PROCESS CLAIM**

**Defect/Damage Codes:**  
 1) Chipped 2) Dry Glass 3) Mold Marks 4) Pull Marks 5) Scratches 6) Holds Water 7) Thin 8) Delaminated Bottom 9) Air  
 10) Whirlpool (Control Box) 11) Whirlpool (Pump Failure) 12) Leak (Fittings) 13) Installation of Accessories 14) Other

**Defect/Damage Locations: (Example: Right Back Corner = A1)**  
 A) Right B) Left C) Top  
 1) Back Corner 2) Corner Dam 3) Apron 4) Back of Sump(Bowl) 5) Back Wall 6) Bottom 7) Ceiling 8) Drain 9) Front of  
 Sump(Bowl) 10) Nailing Flange 11) Radius 12) Overflow 13) Side Wall 14) Seat 15) Soap Dish 16) Threshold (Dam) 17) Towel Bar

**Additional Comments (Brief Descriptions):**