

Wood Doctor Warranty Claim Application

**This form must be completed and returned to Wood Doctor Corporate Head Office prior to any repairs being completed.

Date: _____

Furnace Serial No.: _____

Date of Purchase: _____

Dealer:

Customer:

Address:

Telephone: (daytime) _____

(evening) _____

Defective Part No.: _____

Description of Claim: (please attach another sheet for additional details, if needed)

Photo Included: ____ Yes ____ No, please included photos where possible. Please have one of the pictures taken a distance away from the stove.

How tall is the chimney on this furnace? _____ feet

** Claim conditions apply and cannot exceed Warranty Claims and Procedures Policy**

Repair Details:

Welder Needed: ____ Yes ____ No Travel Distance: _____ Labor Rate: _____

Company Name: _____ Address: _____

Phone/ Fax No: _____ Contact Name: _____

Materials Required:

Part Replacement: _____ Part No: _____ Qty: _____

Repair Cost Authorization:	(office use only)
Amount: \$	Warranty Registered? Y N
Claim #:	
Authorized By:	Previous Repairs? Y N
Date: / /	

Wood Doctor Corporate Head Office

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