

# Monessen

HEARTH SYSTEMS, INC.

# REQUEST FORM



FAX OR EMAIL TO WARRANTY ADMIN:  
 149 CLEVELAND DRIVE PARIS, KY 40361  
 PH: (877) 406-9180 FAX (800) 406-5647  
[warranty@monessenhearth.com](mailto:warranty@monessenhearth.com)

Check the appropriate box...

Warranty Parts     Service Parts     Labor     Return

Date Submitted: \_\_\_\_\_ Customer Reference No: \_\_\_\_\_

BILL TO:		SHIP TO:	
Distributor Name:	_____	Customer Name:	_____
Street Address:	_____	Street Address:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Telephone:	_____	Telephone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____
Contact:	_____	Contact:	_____

### SERVICE UNIT ONE

Model Number: \_\_\_\_\_ Serial No: \_\_\_\_\_  
 Product Description: \_\_\_\_\_ Service Date: \_\_\_\_\_  
 Date Installed: \_\_\_\_\_ Homeowner: \_\_\_\_\_  
 Invoice Number: \_\_\_\_\_ Labor: \_\_\_\_\_ X \$35  
 # of Calls \_\_\_\_\_ = Total

Detailed Problem Description and service Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NO.	PART NO.	DESCRIPTION	QTY	COST	TOTAL
1					
2					
3					
4					

### SERVICE UNIT TWO

Model Number: \_\_\_\_\_ Serial No: \_\_\_\_\_  
 Product Description: \_\_\_\_\_ Service Date: \_\_\_\_\_  
 Date Installed: \_\_\_\_\_ Homeowner: \_\_\_\_\_  
 Invoice Number: \_\_\_\_\_ Labor: \_\_\_\_\_ X \$35  
 # of Calls \_\_\_\_\_ = Total

Detailed Problem Description and service Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NO.	PART NO.	DESCRIPTION	QTY	COST	TOTAL
1					
2					
3					
4					

Form No  
TSF-0010

**Returns:** Request must be submitted within 60 days from the date of last service. Product must be received at Monessen within 30 days from date RA No. is issued to distributor.

**Labor:** \$35 per Service Corrections with a Maximum of 2 service calls per service location