WARRANTY CLAIM ATTACH A COPY OF THE WORK ORDER.									
International Thermal Research Inc				Date Warranty processed at ITR Inc:					
	11915 N	E 56th C	ircle, suite B Vancouver, WA 98682	Approved amount:					
Phone# 800-993-4402 Fax# 360-993-1105				Above to be filled out by ITR					
	Prior appl	roval red	quired on all repairs exceeding \$250	* RGA # (warranty claim reference #)					
Dealer/	Service Center:			Date of Service:					
Addres	s:			* Heater S/N					
City, State, Zip:					* Hours (hour meter)				
Name of Service Technician:				Last 6 numbers of Vin# or Coach #					
* Owner of Heater:				Make, Model, Year of Coach					
First owner: Yes or No (please circle one)				* Service Center Work-Order #					
* Addı	ess:								
4	* City, State, Zip:				* Service Center authorization				
4					* CLAIM CANNOT BE PROCESSED WITHOUT ALL OF THE ABOVE INFORMATION				
Item	Warranty code	Part #	Description of Defect		Flat Rate Allowance	Approved Labor Rate		Total	
1									
2									
3									
4									
5									
6				Totolo					
Totals Work performed/details of failure									
							total parts		
							total labor		
							Misc		
							Total		
* req	* required information - claim cannot be processed with out this information Parts claimed as defective must be returned with this claim								