

DATE: _____

Name of person submitting claim: _____

Company Name* : _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

* Claim forms will only be accepted from companies that conduct business directly with A. O. Smith Water Treatment.

Explanation of advertising you are submitting:

Attach the following:

Copy of advertisement(s)

Copy of paid invoice(s)

Paid invoice totals submitted: \$ _____

Send copies of all supporting (PRE-APPROVED)
advertising materials and invoices to:
h2omktg@aosmith.com

OFFICE USE ONLY

Amount credited to account: \$ _____

Date credited: _____

Remaining balance: \$ _____