RIKA Burn Program Claim Form

SEE YOUR PROGRAM BOOK FOR QUALIFICATION DETAILS

DATE _____

DEALER NAME _____

ADDRESS _____

_____

CITY, STATE, ZIP _____

PHONE _____

NUMBER OF FLUES CONNECTED TO A RIKA FOR 12 MONTHS _____

Original Stoves Used On The Flues

Model: _____

Serial #: | | | | | | | | | | | Date | | | | | | |

Model: _____

Serial #: | | | | | | | | | | | Date | | | | | | |

ACCOUNTING USE ONLY

Credit Due to Dealer _____

☐ Photo(s) attached

_____ _____

Dealer Signature Date

Distributor Approval Date

In the event a RIKA stove is not connected to an operating flue for the entire 12-month period, Dealer agrees to reimburse Lucky for any Burn Credit issued.