

IN ORDER TO SUBMIT YOUR CLAIM, YOU MUST FIRST COMPLETE THIS SERVICE APPLICATION.

OWNER'S INFORMATION:

Name:	_____	Telephone:	_____
Address:	_____	Fax:	_____
City:	_____	State:	_____
Zip:	_____	E-Mail :	_____

CLAIM INFORMATION:

SPA MODEL:	_____	SERIAL NUMBER:	_____
ACRYLIC SHELL COLOR:	_____	CONTOL PACK:	_____
PURCHASE DATE:	_____	INSTALLATION DATE:	_____

DESCRIBE THE PROBLEMS:

IN ORDER TO SUBMIT YOUR CLAIM, YOU MUST FIRST COMPLETE THIS SERVICE APPLICATION.

PHOTO EVIDENCE:

Signature _____ Date _____

Email Response to:

service@bellagioluxury.com