

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:

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PHOTO EVIDENCE:



Signature _____ Date _____

Email Response to:

service@bellagioluxury.com