



Dealer Warranty Claim Form for Acrylic Spas

MUST BE FILLED OUT AND RETURNED WITHIN 30 DAYS FROM DATE OF SERVICE

Dealer Information

Dealer: _____
Address: _____

Dealer Contact: _____
Phone #: _____
Email: _____

Owner Information

Name: _____
Address: _____

Phone #: _____
Email: _____

Spa Information

Date of Service: _____
Spa Model: _____ Serial #: _____ Spa Color: _____
Pump Serial #: _____ Heater Serial #: _____
Date of Mfg. (D/M/Y): ____/____/____ Date of Retail Sale: ____/____/____
Indoor/Outdoor? _____ Covered? (Y/N) YES NO
How Wired? 110 V/20 AMP 220 V/50 AMP

Claim Description and Resolution

Problem: _____

Parts Required For Repair:
(Include Part # and Qty) _____

Resolution: _____

Follow Up/Comments: _____

FOR OFFICE USE ONLY

Warranty Work Fee Claimed \$ **\$80.00**

Payment Authorized By: _____

Amount: _____ Date: ____/____/____

**COMPLETE AND
RETURN TO**

WARRANTY DEPT., STRONG SPAS

3204 POINT TOWNSHIP DRIVE, PO BOX 108
NORTHUMBERLAND, PA 17857-0108

EMAIL:

WARRANTYCLAIMS@STRONG9.COM