



## AFTER SALES SERVICE REQUEST

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DATE: \_\_\_\_\_ DEALER /DISTRIBUTOR: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SERIAL#: \_\_\_\_\_ P.O: \_\_\_\_\_

TUB MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_ TUB SIZE: \_\_\_\_\_

OPTIONS (BE COMPLETE): \_\_\_\_\_

NAME OF CUSTOMER/CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE # HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

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DESCRIPTION OF THE ISSUE (SURFACE, MECHANICAL/ELECTRONICS OR PLUMBING) \_\_\_\_\_

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IF TUB IS CRACKED, IS CRACK ALL THE WAY THROUGH: YES\_\_\_\_ NO\_\_\_\_ NOT SURE\_\_\_\_

PICTURES TO SUBMIT:

BIRDS EYE VIEW (CIRCLE DAMAGE OR DEFECT)  
ALL DAMAGE MULTIPLE ANGLES IF NECESSARY  
PHOTO OF SHIPPING CARTON  
PHOTO OF SHOCK WATCH

IF INSTALLED, INCLUDE INSTALLATION IMAGES INCLUDING AND NOT LIMITED TO THE SUPPORT MATERIAL UNDER THE TUB

IF LEAKING – SUBMIT PHOTO OF WHERE LEAK IS COMING FROM

IF MECHANICAL – SUBMIT PHOTOS OF ELECTRONICS/EQUIPMENT INCLUDING ABILITY TO ACCESS

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