



SARATOGA SPA DEALER WARRANTY CLAIM FORM

TODAY'S DATE*: _____

JOB COMPLETION DATE* _____

To be completed by Saratoga Spa:

RMA# _____

Authorized by: _____

Instructions: Complete and submit electronically, Email or Fax completed Warranty Claim Form & documentation to Saratoga Spa for an RMA#

DEALER INFORMATION:

DEALER*: _____

ADDRESS*: _____

CITY,STATE,ZIP*: _____

DEALER CONTACT*: _____

PHONE #*: _____

EMAIL*: _____

FAX #: _____

**OWNER INFORMATION:

SPA OWNER: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

CONTACT #: _____

*Indicates Required Field

**Not required if Contract of sale is attached or on file

SPA INFORMATION:

SPA MODEL*: _____

SERIAL #*: _____

DATE OF RETAIL SALE*: _____

PROBLEM*: _____

** Photo documentation is welcome and appreciated*

SERVICED BY: _____

PARTS REQUIRED: _____

Part#

(PLEASE INCLUDE Item: _____

Part#

SARATOGA PART #'S) Item: _____

Part#

LABOR *: _____

Hour(s)

*SEE LABOR DESCRIPTION BELOW

COMMENTS: _____

*** LABOR IS COVERED FOR THE FIRST YEAR ONLY!**

WARRANTY BEGINS ON DATE SPA IS PURCHASED FROM DEALER OR 6 MONTHS FROM DATE OF MANUFACTURE - WHICHEVER COMES FIRST.

1 HOUR LABOR: HEATERS,CIRCULATION PUMPS, SPA PACKS, TOPSIDES, PUMPS, BLOWERS

ALL PARTS MUST BE RETURNED WITHIN 30 DAYS OF JOB COMPLETION

Email addresses: hklaus@saratogaspas.com

Fax: (518) 782-0632

RETURN PARTS TO: SARATOGA SPA CO.

WARRANTY CONTROL DEPT.

33 WADE RD.

LATHAM, NY 12110

RMA# _____

For office use only:

____ PROOF OF PURCHASE (DATE/SPA SERIAL#/CUSTOMER SIGNATURE)

____ COPY OF WORK ORDER

____ PHOTO DOCUMENTATION (optional)