



Date: \_\_\_\_\_

### Warranty Request Form

Homeowner/Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Jandy/Zodiac: \_\_\_\_\_ Model #: \_\_\_\_\_

Pentair: \_\_\_\_\_ Part Description: \_\_\_\_\_

Hayward: \_\_\_\_\_ Tech previously at site:  No  Yes

Description of Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Check if Pro Edge Dealer:  No  Yes

Equipment location on-site: \_\_\_\_\_

Notify customer before visit:  No  Yes Contact info: \_\_\_\_\_

**By signing below, I understand and agree that if item or service is out of warranty, I will be responsible for a minimum service call of \$185.00, plus tax and parts.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

A credit card number must be secured before Service Call, unless other arrangements have been made.

CC# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

V-Code or Amex Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Name as it appears on card and Address: \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_

*Authorized signature requesting repairs and agreeing with terms and payment agreement.*