



Service Form

For Office Use Only	
#A/S:	
Date:	

Distributor/Showroom	Consumer Name And Service Address
Name:	Name:
Contact:	
Address:	Address:
City/St:	City/St:
Zip	Zip:
Ph. #:	Ph. #:
Fax #:	

Note: An Invoice # or Serial # MUST be provided for all Service Calls.

Service Representative Information	Product Information
Company:	Date Manufactured:
Contact:	Date Purchased:
Address:	Serial # (mandatory):
City/St:	Product Name:
Zip:	Item Number:
Ph. #:	Color:
Fax #:	Original Homeowner/Purchaser? Y N

Describe Problem:

Oceania Baths, Inc. warrants parts and labor (Labor within the 1st year of ownership) according to its Limited Warranty. Provisions have to made for parts and labor not covered under the Oceania Baths, Inc. Limited Warranty by the Consumer/Contractor/Showroom in current possession of the bath.

Authorized Signature:	Date:
Title:	

Authorized signature will be required in cases where it has been determined the repair is not a covered warranty repair.