



Performance Assurance Guarantee Registration

Product CIN Number: _____ (The CIN number is located on the label affixed to the aluminum trim at the rear of the spa.)

PURCHASER'S INFORMATION: *ALL fields are required*

First Name: _____ Last Name: _____

Street Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Email Address: _____ Phone Number: _____

Date Purchased: _____ New Spa or Replacement Cover: _____

Purchase Price: _____ Did Purchase Price Include Installation: _____

SELLER'S INFORMATION: *ALL fields are required*

Purchased From (Store Name): _____

City: _____ State/Province: _____ Country: _____

COMMENTS:

Please review the Performance Assurance Guarantee prior to contacting the seller with questions or submitting a claim. Your Performance Assurance Guarantee Registration must be submitted within ten (10) days of receipt of your order to activate the guarantee.

Submit this completed form one of three ways:

Mail: Leisure Concepts
5342 N Florida Street
Spokane, WA 99217

FAX: (509) 483-8217

EMAIL: Info@SmartopSpaCover.com