

ELEMENTS OF DESIGN
EXTENDED SERVICE CONTRACT CLAIM FORM

Dealer Information:

Dealer Name/Number: _____
City/State/Zip: _____
Date of Claim: _____
Contact Name: _____
Contact Phone & E-mail: _____

Retail Consumer Information:

Name: _____
Address: _____
City/State/Zip: _____

Safety Cover Information:

Original Invoice #: _____ *Date:* _____
Safety Cover Serial #: _____
Credit Invoice #: _____ *Date:* _____
Manufacturer: _____ *Brand:* _____

Expense Information:

Labor to Remove: \$ _____ (Total of attached Receipts)
Labor to Install: \$ _____ (Total of attached Receipts)
Freight: \$ _____ (Total of attached Receipts)
Chemicals: \$ _____ (Total of attached Receipts)
Total: \$ _____ (Total of attached Receipts)



Extended Service Contract Applicable: Item# WECG Item# IMPCG

Submission:

Send this Claim Form and all applicable documentation to the nearest Imperial Pools Distribution Center. All receipts and claims must be submitted within 90 days of the replacement installation.

Warranty Department Authorization: _____ Date: _____