

**European Touch Pedicure Spa Warranty Contract Registration Page.**

8301 W Parkland Ct. Milwaukee WI 53223 800-626-6912



This form is for the Salon to Elect or Decline the Extended Service Contract for the initial purchase of a spa(s) and to register the spa(s) for the Standard 1 year warranty. Standard Warranty is for 1 year parts and labor from date of shipment on Clean Touch Pedicure spas. To be covered under the 1 year warranty, purchaser must complete the registration form below, sign and date, then fax, mail, or e-mail to European Touch for processing. If the purchaser elects to purchase the Extended Service contract payment must accompany the registration form for processing. You may fax your form to Dana Carini at 414-357-6360 or email at [dcarini@europeantouch.com](mailto:dcarini@europeantouch.com). Warranty coverage may be denied without this form properly completed and submitted.

<b>Company Name:</b>		<b>Distributor:</b>	
<b>Print Salon/Spa Owner Name:</b>		<b>Email:</b>	
<b>Contact person if other:</b>		<b>Telephone:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Pedicure Spas Purchased [ 1 Year Base Warranty* is included on all European Touch Spas listed below.]</b>			
<b>Model(s):</b>		<b>Quantity purchased:</b>	
<b>Address of installation if different from above:</b>			
<b>Address:</b>		<b>Telephone:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

<input type="checkbox"/> <b>I have elected to purchase Extended Service Coverage<sup>1</sup> for the following European Touch pedicure spa models/serial numbers listed below.</b> Warranty and optional extended service coverage require that installation be done to manufacturer and state plumbing and electrical requirements. Other conditions apply. Carefully read the details. <sup>1</sup> Issuance of an Extended Service Contract is at the sole discretion of Kemper review of application. Kemper will not issue an extended warranty until they have received payment.	<input type="checkbox"/> <b>I decline purchase of Extended Service Coverage</b> (only want the 1 year coverage that comes with spa purchase)
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Model:	Serial #:	Serial #:	Serial #:	Serial #:	Serial #:	Serial #

<input type="checkbox"/> Initial & Date	Total number spas _____ x Warranty \$ _____ per = \$ _____ total extended warranty cost
<input type="checkbox"/> I am aware that Glass Basin coverage is separate from the Extended Service Coverage.	
<input type="checkbox"/> I elect to purchase a two year Glass Basin Coverage at the rate of \$ _____ per basin. Total cost \$ _____	
<input type="checkbox"/> I decline Glass Basin Coverage	

**Extended Service Contract / Glass Basin Coverage Information for Murano Spa**  
**Total Price for extended Service/Glass Basin Coverage**

<b>Expiration Date<sup>2</sup>:</b> Base Warranty expiration date is one year from ship date of pedicure spa from European Touch. Extended Service (if purchased) is for a period of two (2) years expiring on the third anniversary of shipment date.	<b>Limit of Liability:</b> Liability is limited to the replacement cost of this model from European Touch.
Note: The amount owed for the Service Contract / Extended Service Contract must be fully paid by customer prior to receiving a valid service contract and prior to receiving reimbursement for covered events.	

<b>Signature of Spa/ Salon Owner:</b> _____	<b><u>Distributor Signature Not Accepted</u></b>
<b>Print Name:</b> _____	<b>Date:</b> _____

Service Organization(s) [Service organizations must pre-register and be approved before any work is done.] If you do not have pre-authorized service organization, one will be assigned.		
<b>Primary Service Organization:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		
<b>Secondary Service Organization:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		

For Office use    Extended Service Contract Accepted ___ Declined ___    Kemper - Contract Number _____    Date _____
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