

Date of Claim:	HIN:	Tube Serial # (if available)
Date Sold:	Model:	Accessories/Add-ons:

Dealer Name and Address:		
Dealer Phone:	Dealer Fax:	Contact Name:

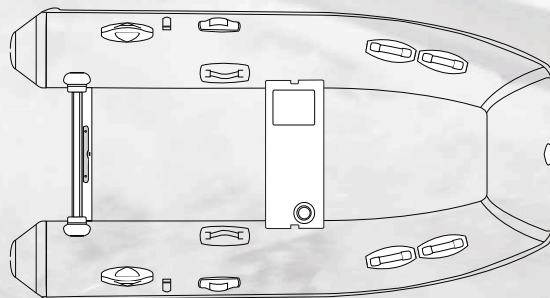
Customer Name and Address:		
Customer Phone:	Customer Cell:	Contact Email:

**Please include proof of purchase accompanying this form**

Nature of Problem:

Can Dealer Resolve? Y / N	Full Service Dealer? Y / N
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Location of Problem (Inflatable):



**Anticipated Parts Needed**

Qty	Part #	Description

**Anticipated Labor**

Description	Hours

Location of Problem (Dinghy):



Photos Submitted?	Y / N
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Signature of Dealer Submitting:

**EMAIL COPY TO [warranty@walkerbay.com](mailto:warranty@walkerbay.com)**

