

## European Touch- Kemper Warranty Parts Claim Form

All fields MUST be completed before reimbursement can occur- any forms missing Serial numbers cannot be processed

Please submit this form with a **copy of paid invoice** from European Touch for part orders and fax to Kemper at 405-917-1066  
Or mail to: Kemper Cost Management 4343 Will Rogers Parkway Oklahoma City, OK 73108 800.808.8742

Date of part Purchase: \_\_\_\_\_

Name of Salon/Distributor: \_\_\_\_\_ Phone \_\_\_\_\_

If name above is a Distributor- Name of Salon the part was purchased for \_\_\_\_\_

Description of problem that required parts to be ordered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Only factory parts ordered from European Touch qualify for reimbursement under your warranty.

List each individual spa(s) serial number separate and what parts were ordered for each.

Example of serial #  
150146-1-01

**Serial # of Spa**

**Model Type**

\_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Part #	Qty	Price	Total
Subtotal of Factory Parts			\$

**Serial # of Spa**

**Model Type**

\_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Part #	Qty	Price	Total
Subtotal of Factory Parts			\$

**Serial # of Spa**

**Model Type**

\_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Part #	Qty	Price	Total
Subtotal of Factory Parts			\$

**Serial # of Spa**

**Model Type**

\_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Part #	Qty	Price	Total
Subtotal of Factory Parts			\$

Total Amount due for reimbursement \$ \_\_\_\_\_

Organization requesting reimbursement is :  Salon  Distributor

Signature of Claimant \_\_\_\_\_

Printed name of above Claimant \_\_\_\_\_

**Note: All claims must be submitted for reimbursement within 60 days of part failure date.**

**Any claims filed after 60 days will not be paid by Kemper.**