PLEASE FILL OUT UPON MARQUIS[®] HOT TUB OR ATV™ PURCHASE

Name of Purchaser
Date of Purchase
Address
City/State/Zip Code
Telephone/Email
Spa Model/Color Spa Serial #
Dealer's Name
Salesperson's Name
Dealer's Address
City/State/Zip Code
Telephone

DEALER: FAX this completed form, your customer invoice/sales order, with warranty registration to: 503-838-3849 or email to marketing@marquiscorp.com no later than April 10, 2015.