



Clearwater Warranty Request Form  
Cape Craft Warranty Request Form

301 Martin Marietta Dr.  
Americus, GA 31719  
877-571-7181

[warranty@csfboats.com](mailto:warranty@csfboats.com)

<u>OFFICE USE ONLY</u>
Date Rec'd: _____
Rec'd By: _____
Date Processed: _____
Credit Memo #: _____
<b>Place shipping labels on back of form</b>

DETAILED PICTURES ARE REQUIRED  
PRIOR AUTHORIZATION IS REQUIRED  
APPROVED WARRANTY RATE IS \$65/HOUR

DEALERSHIP		REQUEST BY	
STREET ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	DIRECT TELEPHONE NUMBER		
MAKE: <input style="width: 100px;" type="text"/>	MODEL: <input style="width: 100px;" type="text"/>	VIN: <input style="width: 150px;" type="text"/>	

#	DESCRIPTION OF WORK TO BE PERFORMED	# OF HOURS
1		
2		
3		
4		
5		
<b>TOTAL HOURS &gt;&gt;&gt;</b>		<b>0.00</b>

#	PARTS NEEDED FROM CLEARWATER
1	
2	
3	
4	
5	

#	SUBLET REQUEST	COST
1		
2		
3		

DETAILED PICTURES ARE REQUIRED. PRIOR AUTHORIZATION IS REQUIRED. WARRANTY APPROVED RATE IS \$65/HOUR. OLD PART MUST BE RETURNED TO CLEARWATER WITHIN 14 BUSINESS DAYS TO AVOID CHARGES FOR PARTS.

<b>CW USE:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Partial Approval <input type="checkbox"/> Denied	Date: _____
Details:	Authorization #: _____
	Reviewed By: _____

**IMPORTANT NOTICE : All requests must be emailed to [warranty@csfboats.com](mailto:warranty@csfboats.com) to be processed, Please use in subject line of email "Warranty Request - Dealership - Hull Number - Date"**