

WARRANTY CLAIM FORM

To initiate your warranty claim use the following form. Submit accompanying photos, proof of purchase, and this form to support@shockwavesseats.com.

Technical Case Number (internal use only):

Please provide the following information:

Date: _____ Invoice Number: _____

First Name: _____ Last Name: _____

Organization or Company Name: _____

Phone Number: _____ Fax Number: _____

Email: _____ Serial Number: _____

Ship to Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Mailing Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Boat or Project Identification: _____ Type of Seat: _____

Date Vessel in Service: _____ Number of Seats Affected: _____

Nature of Problem: _____

Comments:

EMAIL support@shockwavesseats.com

ADDRESS 2074 Henry Avenue, Sidney BC Canada, V8L 5Y1

PHONE +1.250.656.6165

FAX +1.250.655.4334

HOURS 8 AM to 5 PM Pacific Standard Time

WEBSITE shockwavesseats.com

