

# 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: \_\_\_\_\_

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 or Accessory: \_\_\_\_\_

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

