

WARRANTY CLAIM FORM

FOR S2 AND S3 SEATS

SHOCKWAVE

MARINE SUSPENSION SEATING

FEEL BETTER. TRAVEL FARTHER.

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

Technical Case Number (internal use only):

Please provide the following information:

Date: _____ Invoice Number: _____ Serial Number: _____

First Name: _____ Last Name: _____

Phone Number: _____ Fax Number: _____ Email: _____

Ship to 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: _____
