

# WARRANTY CLAIM FORM

## FOR S5 MODULES, S5 ACCESSORIES AND CORBIN2 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@shockwavesSeats.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: \_\_\_\_\_

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