



ULTRA SEAT CORPORATION
Your Industrial Seating Specialists!

WARRANTY CLAIMS

To enable Ultra Seat Corporation, to efficiently process Warranty Claims, kindly provide ALL of the following information:

\*Dealer Name: \_\_\_\_\_ \*Dealer Location: \_\_\_\_\_
\*Dealer Account No: \_\_\_\_\_ \*Product Part No: \_\_\_\_\_
\*Description: \_\_\_\_\_ \*Product Serial No: \_\_\_\_\_

\*Copy of the Ultra Seat Corporation, invoice of sale to you (dealer)

\*Copy of your invoice of sale to your customer, denoting: customer name, date of sale, complete description of product (including serial number).

\*Description of failure: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Completed By: \_\_\_\_\_ Date: / /

Fax/Mail the above information, to your Ultra Seat Corporation distribution centre. N.B. Do not return any product, until authorized.

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This section is for Ultra Seat Corporation, Distribution Centre only.

Location: \_\_\_\_\_ Date: / / Claim No: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_ Complete by: \_\_\_\_\_

Fax copy of this claim complete with all other requested information to: Ultra Seat Corporation, head office for authorization/instructions.

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This section is for Ultra Seat Corporation, Distribution Centre only.

Authorization: \_\_\_\_\_

Instructions: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: / /