

warranty request

	we are here
(Y)OUR key to an expedient warranty request—	to help you!
Please take a moment to help us help you/your	
customer(s) by being as complete as possible in	$\bigcirc \bigcirc \bigcirc$
filling out this form. Thank you for your assistance!	
Step 1 Please fill out contact information below.	
Contact Information	
First Name	Last Name
Email Address	Phone Number
Dealer Information	
Dealer Company Name	Address
City	State Zip
Order Date Please provide model and description of the issue. (Please be ver	Warranty Part (if known) ry specific)
Please email warranty@omseating.com along with this form with pictures of the chair and the parts damaged (if at all possible please provide multiple, clear shots or videos - close up, a wide angle shot, and several angles of the issue(s) - We will contact you within 48 hours or less. Thank You!	
Step 3 Please provide ship to information below. Once warranty re	equest is reviewed and approved we will ship it to the address below.
Check here if shipping address is the same as the contact/deal	er information
Shipping Address	
Ship Attention to:	Dealer Company Name
Address	City
	State Zip