



WARRANTABLE ITEM CLAIM FORM

DATE: ___/___/20___

CUSTOMER INFORMATION:

NAME: _____

(LAST)

(FIRST)

(M.I.)

TELEPHONE: _____ EMAIL: _____

ADDRESS: _____

(STREET)

(UNIT #)

(CITY)

(STATE)

(ZIP)

PRODUCT INFORMATION:

SELECT WARRANTABLE ITEM:

CELL PAD/BLADDER (2-YEARS)

CUSHION COVER (6-MONTHS)

SELECT MODEL:

CRUISER R LARGE CRUISER R SMALL DUALSPORT

CRUISER MEDIUM CRUISER SMALL CRUISER PILLION

DESCRIBE CONCERN:

TO COMPLETE WARRANTY CLAIM:

Email this form, along with either PROOF OF PURCHASE or DATE OF MANUFACTURE to warranty@highendseats.com. If approved, you are required to ship your warrantable item to the following address within **two (2) weeks of approval**:

AIRHAWK® Warranty Department
RE: Warrantable Item Request
1919 E. Occidental St.
Santa Ana, CA 92705