



Seating after-sales Service request form

2016.REV02

CCR#

DATE	
SALES REP	
REGION	

Customer

CO. NAME		END USER	
REQUESTED BY		CONTACT	
ADDRESS		ADDRESS	
EMAIL		EMAIL	
CONTACT NO.		CONTACT NO.	

Product

PRODUCT NAME		PURCHASE DATE	
ORDER NUMBER		IN WARRANTY?	
INVOICE NO.		QTY. FOR REPAIR	

Non-conformity

COMPLAINT	SELECT	REMARKS
UPHOLSTERY		
FOAM		
FABRIC		
COMPONENT		
ASSEMBLY		
INCORRECT ORDER		
DUPLICATION		
OTHER		

NB: Please attach a photo of the entire chair as well as a close-up photo of the complaint area.