

Warranty Request Form

Fax to: 952-215-0750

Customer Information

Business Name: _____ Contact: _____

Phone: _____ Email: _____

Shipping Address: _____

Product Information

Seating ****Please attach photo of sticker under seat pan****

Manufacturer: _____ Model #: _____

Serial/Work Order #: _____ CSI PO # (if listed): _____

Warranty Issue (Circle): Arm Caster Cylinder Mechanism Levers Seat Pan
 Back Rest Neck Rest Base

Detailed Explanation: _____

Height Adjustable Workstation

Manufacturer: _____ Model #: _____

Serial/Work Order #: _____ CSI Order/Invoice #: _____

Detailed Explanation: _____

Other Items

Manufacturer: _____ Model #: _____

Serial/Work Order #: _____ CSI Order/Invoice #: _____

Detailed Explanation: _____

Attn: Warranty Services
5900 Clearwater Drive, Suite 300
Minnetonka, MN 55343
Phone: 952-215-0700
Fax: 952-215-0750
sales@csi ergonomics.com